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STATE OF MARYLAND

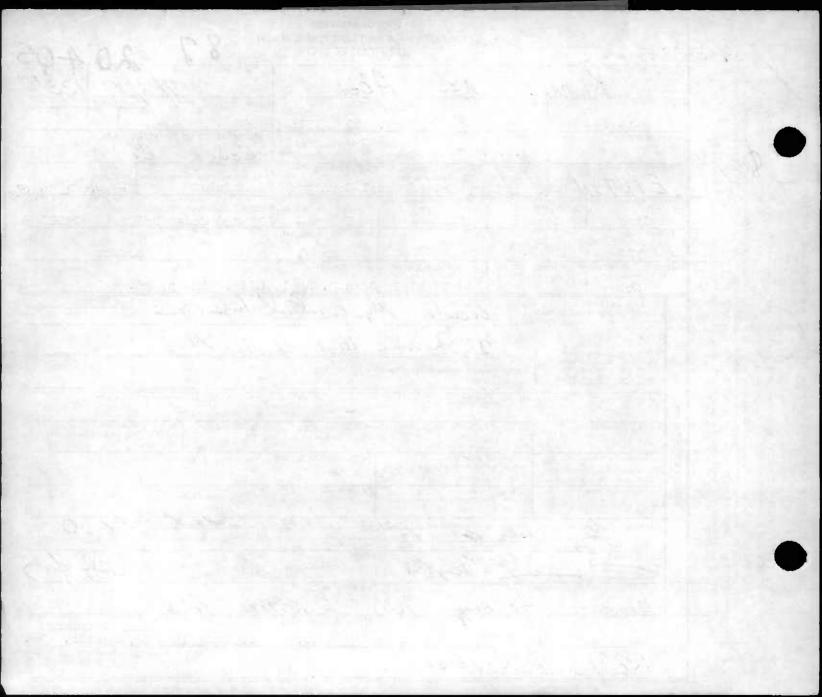
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DHMH - 16 60M 7/84

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(VRA 15, 4)



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STATE OF MARYLAND 5959 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 28. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE (TYPE OR PRINT) Jibaben D. Amin July 13, 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Mar. 5° 1903 DAYS HOUR5 Female Indian 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED India Cecil WIDOWEDT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY M e North East 247 The Turkey Appeasint Rd. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NOT THO Tast 22 FT APPRESKE COFFOINT Rd. 21901 NOTE YES | 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bhagwandas Amin Surajben "Amin 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 214-13-9072 Arvind Patel 2471 Turkey Pt. Rd. North 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOLX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY AT WORK NOT WHILE

22a. | certify that (1) (this hospital) attended the deceased from... .. 19_ . 19_____, that (I) (we) lost sow the deceosed olive on _____obove, (1) (we) (did) (did not) view the body after death ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MADHU SACHDEV

22e. ADDRESS

Main St., North East. Md.

230 BURIAL, CREMATION, REMOVAL Cremation

23c. NAME OF CEMETERY OR CREMATORY Go 23d LOCATION CITY OF TOWN West

Chester Chester Pa.

DHMH - 16 60M 7/84 (VRA 15, 4)

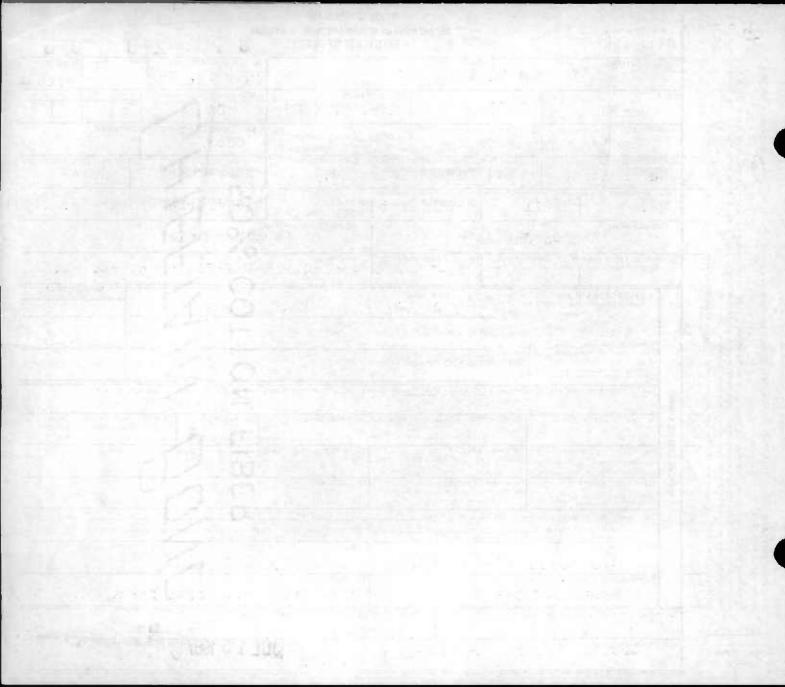
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24 FUNERAL DIRECTOR Home Worth East, Md 250. 916 PECT BEREED BYR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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5 % ₹ ₹ ₹	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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		UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256. REC	7100010101
DHMH - 16 60M 7/84 (VRA 15, 4)	74 F	UNERAL DIRECTOR NAME R. T. Foard F	н Rising Su			SISTRAR'S SIGNATUR

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STATE OF MARYLAND

DEDARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE CITY OR COUNTY OF DEATH

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NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

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130. STATE

CERTIFICATION

MEDICAL

JUL 28 187 STATE REGISTRAR

3 SEX

DECEASED NAME

(TYPE OR PRINT

CIL

IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y:

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(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital), attended the deceased from natives

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CITY OR TOWN COUNTY STATE

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DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

should be deta 230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT

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STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
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ST., ertific g ph oan pr remo	NIA NIF	WAR OR DATES) 218-18-1695 Anna B. Willis Chesa peake City Md. y one couse per line for (0), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)	Gary B. Fellows B	Box 270 Millington Md. 21651

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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13a. S			RIOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP P.O.Box 14		1638
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	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) INFYES GIV WW		8 4215	17 INFORMANT Wife Mrs. Lynette	Bryan, Grason	P.O.Box 14 ville, Md	
CERTIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (ODE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W	G TO DEATH BUT	<u> </u>	200 AUTOPSY? 20t	ON GIVEN IN PART I	INGS USED
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	Joaquin R. Ga	arcia, M.D.		VA Medical	Center, Perry	Point, M	21902
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	July 11 1085	Chester		23d LOCATION CITY OF TOWN CY Centreville		STATE
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Ba	arton Funeral Hom	eCentreville,	MD. 21	617	0 1001 0		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: Ahis should be detached for use as with the Stote Dept, of Health

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ond completel Poges 1 and 2 s	16a V	PAS DECEASED E	VER IN U.S. AR	MED FORCES?	CARPE 16b. SOCIAL SE 255-01	ENTEL CURITY NO.	MULE 17 INFORMANT SAJOK	tle	3 0 0 0	ADDJES ENTE	hid	C	DRLEY
ires that the death certificate by gred by the attending physicial in please remove carbon papers. burial, cremation, or removal.	z	Conditions, if gave rise to cause (o), underlying c	any, which immediate stating the ause last.	DUE TO, C	OR AS A CONSECUTION OF THE PROPERTY OF THE PRO	DUENCE OF	on a	THE TERMINA	Len	ig		6	
he low re on. t permit ene prior	CERTIFICATION	19a, DATE OF OP				CH OPERATION	WAS PERFORME		20a AUTO	NOX	IN CERTIF	5 🗌	INGS USED S OF DEATH?
VG PHYSICIAN: The ottending physicion of ter this certificate is the buriol-transit hand Mental Hygier and mental Babb	MEDICAL CE	(IF EITHER NOTIFY 21d. INJURY OC	CAUSE OF DEA	HOUR A P 21e PLACE		19	216 HOW INJUR 211 LOCATION STREET	Y OCCURRED) (ENTERNAT	CITY OR TOWN		COUNTY	STATE
TENDIN GTOP After the		220.1 certify the			he deceosed from	87. one	that in (my) (our	r) opinion dec	, to	d on the dot	e and hou		that (I) (we) last e couses stated
HOSPITAL OR A med by the ho FUNERAL DIRE fuld be described the Stote Dect		MI	5 MAGNE 11192 O	M	ully	n	ATTE	NDING SICIAN	MEDICAL DIRECTOR [STAFF PHYSICIA	AN 🗌	7/	24/67
TO FUN TO FUN WPORTY	1	Du	are	Phe!	hps M	(1)	Har	lug	ta	Gu	d:	2107	4
BP		BURIAL, CREMATI SPECIFY) Bur:			25,1987		METERY OR CREA		Port	Denos	it (cecil	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	2	EA. Pa	terson	gov + S	Perryvi	lle, Ma	ryland	250 DUE	28	GISTRAR 25	Sb. REGIST	RAPISSIGNA	ATURP and as a

Day COLLON EIBE

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may be

funeral director, page 3 thing?2 hours ofter death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH

ENT	OF HEALTH	AND	MENTAL	HYGIENE		-
CE	RTIFICAT	E OF	DEATH	3	1	200

REG. NO	0	44	1	2

11 0	REGISTRAR		DEPARI		EALTH AND MENTAL HYGICATE OF DEATH	B / REG. N	20	4 1	2
	GEASED NAME	FIRST	MIDDLE	LA	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(1111)	OK PRINT)	WILLIAM	I.	CA	THER	July 27,	1987		
3 SEX	X	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BI		FUNDER 1 YEAR	IF UNDER 2.
	male	w]	hite	MONTH 9-	17 -1919	67	YRS	DA13	1,00k3
	RTHPLACE (STATE OF	FOREIGN 76 CITIZET	N OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
	rvland		USA	WIDOWEL	2 2	Cecil Co	ounty		
10 CI	ry Point,	(IF NOT	E OF HOSPITAL, NURSII IN SUCH FACILITY, GIVE STREET Medical Ce	T ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST (Sales		INDUSTRY	of Busines ading
13a. S		ISING HOME OR OTHER INSTITUTION OF COUNTY Cecil		RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIPCODE Toad	Rd	2191
14. FA	James	Henry	Cathe	r	os mother's maidenna Catherin			Buˈî	kins
{Y	VAS DECEASED EVEL YES, NO OR UNKNOWN) YES	1942-19			17 INFORMANT Alberta Ca	Thor	Box	-	0 219
	Conditions, if any	y, which	TO, OR AS A CONSEQU	JENCE OF	atory arrest				
	gave rise to in cause (a), state underlying caus	y, which mediate ing the e last.	TO, OR AS A CONSEQU (b) Congest TO, OR AS A CONSEQU Arterio	JENCE OF ive he JENCE OF SCLERO			IDITION GIVE	N IN PART 1	0
TIFICATION	gave rise to in cause (a), state underlying caus	y, which timediate ing the e last.	TO, OR AS A CONSEQU (b) Congest TO, OR AS A CONSEQU Arterio	JENCE OF ive he	art failure tic heart dis		20b. IF YES,	WERE FIND!	NGS USED
CAL CERTIFICATION	gave rise to im cause (a), state underlying cause PART 2 OTHER SIG	y, which imediate ing the e last. ATION 196 C ADERLYING 1716 T CAUSE OF DEATH HOLE	TO, OR AS A CONSEQU (b) Congest TO, OR AS A CONSEQU Arterio NS CONTRIBUTING TO	JENCE OF IVE he SCLERO	art failure tic heart dis	200 AUTOPSY? YES NOW	20b. IF YES, IN CERTIFY YES	WERE FIND!	NGS USED S OF DEATH
MEDICAL CERTIFICATION	gove rise to im cause (a), statunderlying caus PART 2 OTHER SIG 190 DATE OF OPER 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUI	DUE 1 y, which timediate ing the e last. ATION 196 C ATION 216. T CAUSE OF DEATH DICAL EXAMINER) THE CAUSE OF DEATH OF THE CAUSE OF DEATH OTHER 14 THE CAUSE OF DEATH OTHER 14 THE CAUSE OF DEATH OTHER 15 THE CAUSE OF DEATH	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE ARTERIO TO ON AS A CONSEQUE ARTERIO TO ON AS A CONSEQUE TO ON AS A	JENCE OF IVE he DENCE OF SCLETO DEATH BUT!	art failure tic heart dis	200 AUTOPSY? YES NOW	206. HF YES, IN CERTIFY! YES	WERE FIND!	NGS USED S OF DEATH NO
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	gove rise to im cause (a), statunderlying caus PART 2 OTHER SIG 19a DATE OF OPER/ 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 71d INJURY OCCUI WMILE ATWORK ATWORK 12a.1 certify that \$ 22a.1 certif	DUE 1 y, which imediate ing the e last. GNIFICANT CONDITION ATION IPP C AUSC OF DEATH OCALEXAMINER) TREED This hospital attended (did not) view the	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE ARTERIO TO, OR AS A CONSEQUE ARTERIO TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE ARTERIO TO, OR AS A CONSEQUE TO, OR AS A CONS	JENCE OF ive he JENCE OF SCLETO DEATH BUT I H OPERATION DAY YEAR 19 FARM, ETC) July J	art failure tic heart dis NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 17 19 87 Id that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? YES NOW RED (ENIER NATURE OF INJURE) 10 JIILY 2	20b. IF YES, IN CERTIFY YES DWN 7, It lote and hour	WERE FINDI ING CAUSES OUNTY 9 87 ond from the	NGS USED S OF DEATH NO

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corban popels, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

etoined by the haspital or attending physician

BP.

(VRA 15, 4)

FOARD FUNERAL HOME RISING SUN, MD.

	STATE REGISTRAR PET FH 7-	item 16b DEPARTI 27-87 SB		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NQ	0	4	3
	ASED NAME FIRST	MIDDIE	ı	AST	20 DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR
TPE O	George	E.	(Creswell	Ju	lv 4	1987	M
SEX		4. RACE			6 AGE (IN YEARS LAST BIRTHD)			IF UNDER 24 HRS
Ma	ale	White			65		THS DATS	HOURS MIN.
		76 CITIZEN OF WHAT COUNTRY?	8			-	DEATH	
		U.S.A.			Cecil Co	untv		MD.
	at .	11. NAME OF HOSPITAL, NURSIN	IG HOME C		120 USUAL OCCUPATION			BUSINESS OR
F	Elkton			ocil County				to Mfg.
ÜAL	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)					
							21	921
		CII EIKCON				eet	21	721
	FIRST			FIRST	MIDDLE	Mc	Dowe 11	
WA			RITY NO.		ADDRESS			
	, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	2120		ichmond F	Elkton	БМ	
1				Dalbala A. K.	remiona z	JIK COM		ATE INTERVAL
Т	PART I. DEATH WAS CAUSE	DBY:		HEAD & JA	11 1146		BETWEEN OF	NSET AND DEATH
1	IMMEDIA	E CA03E (0)		(10,101 111)			
1	Conditions, if any, which	(Ib) AUUB	mys	CAMPAN IN+	CANETUR			
	gove rise to immediate		1- 15			12 16		
-1		(mremo	SCUE	ROTH CARBOUC	183 curon or	FEAST		
ī	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	IN PART 110	
1	DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED				
					YES NO			NO [
		THE PARTY OF THE P	AV VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM IS PART	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	in .	19	4				
2	1d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	EITY OR TOWN		COUNTY	STATE
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	SINEEL	CITORIOWA		COOMIT	STATE
	I WORK							
1	T WORK AT WORK	tal) attended the deceased fram_			, to	, 19	, th	nat (I) (we) last
1	20.1 certify that (1) (this haspi	19		nd that in (my) (aur) apinion (
2	20.1 certify that (1) (this haspi		, ar					auses stated
2	20.1 certify that (I) (this hasping saw the deceased alive an abave, (I) (we) (did) (did no	19	, ar	nd that in (my) (aur) apinion of DEGREE ATTENDING	deoth accurred on the date MEDICAL STAFF	and have ar	nd from the co	auses stated
2	20.1 certify that (I) (this hasping saw the deceased alive an abave, (I) (we) (did) (did no	ly view the bady after death.	, ar	nd that in (my) (aur) apinion of DEGREE ATTENDING	deoth accurred on the date	and have ar	nd from the co	auses stated
	BIRTI CON MAIN FATH	MALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH Elkton GUAL RESIDENCE (IF NURSING HOME OR ISTATE 13b COUNTRY) Maryland Certain Charles WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) WW 18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE COUNTRY OF THE CAUSE IN THE CAUSE (B) THE CAUSE (CAUSE (CAUSE)) PART 2. OTHER SIGNIFICANT OF THE CAUSE (CAUSE) 19a DATE OF OPERATION	George SEX Male White BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH Elkton U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNION HOSPITAL 13b COUNTY Maryland Cecil FATHER'S NAME FIRST Charles WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNIXNOWN) Yes WW II 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), one part of the underlying cause last. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH 19a. DATE OF OPERATION 21b. TIME OF INJURY HOUR AM MONTH DO	George SEX Male White White BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH Elkton U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESSON) UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS) WARYLAND Cecil Maryland Cecil Charles Charles Charles Charles Charles Charles Creswell WE JI 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSE	George E. Creswell SEX Male White White March 19 1922 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland U.S.A. WIDOWED X DMORCED OF COUNTRY BILL OF TOWN OF DEATH LINAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION HOSPITAL OF COUNTY WALL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) B. STATE MARYLAND LIVE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) B. STATE MARYLAND LIVE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) B. STATE MARYLAND LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO LIVE SIZE NO L	George E. Creswell JU Male White White White South of Birth March 19 1922 65 BIRTHPLACE (STATE OR FOREIGN COUNIRY) Maryland U.S.A. WIDOWED II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GWESTMERT ADDRESS) Union Hospital of Cecil County ULAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION OF WHICH OF MORE ADMISSION) II. STATE U.S. A. STATE III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GWESTMERT ADDRESS) UNION HOSPITAL III. STATE III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GWESTMERT ADDRESS) III. NAME OF HOSPITAL III. NAME OF HOSPITAL (IF NOT INSUCH FACILITY, GWESTMERT ADDRESS) III. NAME OF HOSPITAL (IF NOT INSUCH FACILITY, GWESTMERT ADDRESS) III. NAME OF HOSPITAL (IF YES TAKE) III. NAME OF HOSPITAL III. NAMEDIA IN HOSPITAL	George E. Creswell July 4 Male S. DATE OF BIRTH S. DATE OF BIRTH	George E. Creswell July 4 1987 SEX S. DATE OF PRINTH MONTH DAY YEAR MAICH 19 1922 65 VRS. 100 NORTH DAY MAICH 19 1922 65 VRS. 100 NORTH DAY MAICH 19 1922 65 VRS. 100 NORTH DAY MAICH 19 1922 100 NORTH DAY MAICH 19 NORTH NORTH PART DAY NORTH DAY MAICH 19 NORTH NORTH DAY NORTH DAY WISHINGTON DAY NORTH DAY WISHINGTON DAY NORTH DAY WISHINGTON DAY NORTH DAY WERE MAINTINGTON DAY NORTH DAY YEAR MARRIED NEVER MARRIED N

23c. NAME OF CEMETERY OR CREMATORY

Cherry Hill Methodist

Elkton, Md.

23d LOCATION
CITY OR TOWN
Cherry Hill

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 10 1987 Julia Devider Randows

Cecil

Md.

DHMH - 16 60M 7/B4

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

Hicks Home for Funerals ADDRESS

7/8/87

(VRA 15, 4)

BP.

CONCRETE BURNESS THE SERVICE ACCOMPANY SAME SAME SAME OF SAME The same and the same of the s

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

f	(D-0	REGISTRAR	CERTIFI	CATE OF DEATH	0 / REG. NO. 2 0	410
1		EASED NAME FIRST	MIDDLE	AST .	20. DATE OF DEATH MONTH DAT	YEAR 726. HOUR
l	(1116)	JAMES	Leo DAW	SON SR.	1/16	187 1223 M
	1. SEX	MAKE	NACE S. DATE O	F BIRTH		UNDER TYEAR IF UNDER 24 HRS
1		THPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
		DEL	V) A WIDOWE	DIVORCED	Ceci/	CO MD.
1	in. CII	EIKTON OF DEATH	NAME OF HOSPITAL, NURSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY UTO.
1	USUA 13a S	TATE ALA 136 COUNTY	PER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	LAKE2,
1	4 FA	THER'S NAME MIDI	DLE LAST	IS MOTHER'S MAIDEN NAM	WE, WIDDIE	LAST C
1	1	TRRV ELMO	OD DALLSON SR	MARY EL	12ABETH E	NN/6HT
	6a ₩ (Y	AS DECEASED EVER IN U.S. ARME ES, NO D UNKNOWN) (IF YES, GIVE W.		EVE YK	A DAUSON ELA	- TON 1914 21921
		18. CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED B	Y: CAUSE (a)	ESPITORY	FAILURG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIATE	DUE TO OR AS A CONSPOUENCE OF			
-		Canditians, if any, which	(b)	-UNG CAN	ICER	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
	NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART To
2	TIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
1	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I I OR PART 2}
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ALHOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		27a.1 certify that (I) (this hospital				that (we) last
		saw the deceased alive an above, (I) (we) (did) (did not) v	7 - 14 19 87 or new the body after death.	nd that in (my) (our) apinian	death accurred an the date and hour	
		776 SIGNATURE	Λ Ω .	DEGREE ATTENDING .	MEDICAL STAFF	274 DATE SIGNED
,		Joges	A- Valel.		DIRECTOR PHYSICIAN	7/2018/
/		224. PHYSICIAN'S NAME (TYPE OR PA	Patal mx	the ADDRESS	THE DIMAC	
		10915h	7 47 C 131 NAME OF C	EMETERY OR CHEMATOR	110 1171	
	2.3					
	23a B	SURIAL, CREMATION, REMOVAL	7/20/81 1 1 NAME OF C	LE CONCERT	CHEDRYHIL	CECI TAN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with retained by the haspital as attending physician.

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and campletel should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, or other troumatic event, the medical examination.

058820 11

is after death. Page 4 may be

by the funeral director, page 3 iled within 72 hours after death

STA	TE	OF	M	ARYL	AND

	1 - STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	REG. NO.	0 0
	I. DECEASED NAME FIRST (TYPE OR PRINT) Patrici	a Ann Davis	Dixon	20. DATE OF DEATH MONTH	5,1987 8:00P.
	3.SEX Female	4. RACE White	5. DATE OF BIRTH 3., 1945	6 AGE (IN YEARS LAST BIRTHDAY) 42 YR	FUNDER TYEAR FUNDER 24 HRS
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
1	10 CITY OR TOWN OF DEATH Elkton	11. NAME OF HOSPITAL, NURS INC (IF NOT IN SUCH FACILITY, GIVE STREET A Union Hosp	ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Line	126. KIND OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE, NOT TOWN NOT H	N 13d INSIDE CITY LIMITS? East YES ₩ NO □	677 Dr. Mil	
1	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
1	Harry 160. WAS DECEASED EVER IN U.S. AR	H. Davis MED FORCES? 166. SOCIAL SECUR	Claista RITY NO. 17 INFORMANT		Bedwell
		217-76-2		rida 677 Dr. N	n East Md. Miller Rd. APPROXIMATE INTERVAL BETWEEN ONSEI AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE	NCE OF BRUIT	ERMINAL DISEASE OR CONDITION	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
		TH HOUR A.M. MONTH DA	Y YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM	IS PART (OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) his haspi sow the deceased alive a above we) (did/did/did/no	tole and ad the deceased from		on death accurred on the date and h	
	Ju n	ih Kan		MEDICAL STAFF DIRECTOR PHYSICIAN	7/6/87.
	22d. PHYSICIAN'S NAME (TYPEO	nib Hsu t	1D 22 3	West main s	t, silche Md
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)		JAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	(100001)	Gilpin Manor M	em Pk. Elkton Date REC'D. By REGISTRAR 256 REG	Cecil Maryland
	Gee Fune		E. Main St	78844	LI: K:

DHMH - 16 60M 7/84 (VRA 15, 4)

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Tradition limber) at 2 hours 2775 12 - F = 1/3 - F C 1/4 - O THE CASE FEW HON TO B WELT MAN IS FURTHER AND DE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		")	0		- 3
	REG. NO	6-	U	Cal	- 3
	REG. NO	-			- 15

	87	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO	2	0 4	16
		CEASED NAME FIRST MASON	n A. Dorsey	Ĺ	AST	May 28, 1	987	DAY YEAR	3:30P M
	3. SEX	MAle	Black	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	HOURS MIN.
7		MD	CITIZEN OF WHAT COUNTRY?	WIDOWE	The state of the s	BALTIMORE CITY O	R COUNT	Y OF DEATH	MD.
-	to	BRRYVIlle V	NAME OF HOSPITAL, NURSING	DDRESS)	POINT Md.	120 USUAL OCCUPATION OF TO MOST OF			OF BUSINESS OR
1	13a S	MD Harf	ier institution give residence before. 134 CITY OR TOWN	,	YES NO	13e STREET ADDRESS	ZIP, COD	RJ	2100
1	14) FA	HENSON MIDE	DORSE	V	15 MOTHER'S MAIDEN NAM	WIDDLE		LAS	51
1		VAS DECEASED EVER IN U.S. ARMÉI (ES, NO OR UNKNOWN) (IF YES GIVE W.)			VAMC, Per	ry Point, M			MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH iEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE Co. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONTINUES.	DUE TO, OR AS A CONSEQUE	NCE OF Cereb NCE OF	ral Vascular <i>I</i>		DITION CI	0/524 01 0 0 0 1	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?		ES, WERE FINDI	
	RTIFIC					YES X NO	Y	ES X	NO [
/		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM T8	PART T OR PART 2)	
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		220.1 certify that (1) (this hospital) sow the deceased alive on above, \$\frac{1}{2}\$ (we) (did 1) the nose of	5-28- 198		5—19—87, 19————————————————————————————————————	death occurred on the d	5-28- ote and ha		thotXX(we) lost causes stated
		22b. SIGNATURE Lynn	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c DATE	SIGNED
1		TOHN T LONERGE			22e ADDRESS	. Dodent Ma		1	

NERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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270. I certify that (X(this haspital) attended the deceased from July 20 , 19.87 , to July 21 , 19.87 , texxxxxxxx and that in (my) (our) opinion death occurred on the date and haur and from the couses stated obove, (1) (we) (did) (did not) view the body attended the DEGREE DEGREE AVENUAGE AND ATE SIGNED	DS, 20	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING I	DEATH BU	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	N PART Ira	
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226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICI	TTE prito 110 for of for 21		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	not i view the bo	ody atter death.	XXXXX	nd that in (my) (our) opinian	death occurred on the o	late and haur a	ind from the co	ouses stoted
ATTENDING MEDICAL STAFF PHYSICIAN TO THE	R A hos hed hed hed hed hed									22c. DATE S	IGNED
Property Point, Md.	the or in the or		Λ)	C-		ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN K	7-21-	87
MELECIA SANTOS, M.D. VA Medical Center, Perry Point, Md.	PITY De d		22d (1v	PE OF PRINT	and the					1	
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(SPECIFY) CITY OR TOWN COUNTY STATE	DD.		(SPECIFY)					CITY OR TOWN			
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OHAH . 16 60M 7/84 (VRA 15, 4) Mitchell Funeral Home, Havre de Grace, Md. JUL 24 1987				al Home	Haure d	e Grac	e Md III	0.4	Julia D	widon R	endeath

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STATE OF MARYLAND

L 30	87-	STATE REGISTRAR			DEFARIA		ICATE OF DEATH	8	REG. NO	2 1	1 .	1 0
	DECE (TYPE OF	ASED NAME	FIRST		MIDOLE	ı	AST	20. DATE O		NONTH DI	AY YEAR	26. HOWR
	,	Ge	orge	Frede:	rick Fit	zroj	Sr.	Jul;	y 28,	1987	7	12.301
3	SEX			4. RACE		S. DATE C		6. AGE (IN	YEARS LAST BIRTH		FUNDER 1 YEAR	IF UNDER 24 HR
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16	a. BIRT	HPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	- CV. IEVED III ADDIED C	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
6 1	COI	Conn.		U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	C	ecil			,
	1	or town of DEA		11. NAME OF I	HOSPITAL; NURSIN H FACHITY, GIVE STREET HOWAT			TYPE OF WO	OCCUPATION FOR WOT	WORKING LIFE	12b. KIND C INDUSTRY. Inc	F BUSINESS C
	30. ST	RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130.STREET	ADDRESS / HOW	zip code ard s	St. 21	1901
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medico		S DECEASED EVER	1 192	MED FORCES? SWAR OR DATES)	038-01-		Jessie T.	Fitz	roy N			Md.
lury, or other		gove rise to imm couse (o), statin underlying couse	g the lost	(_ (c) _	R AS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEAS	SE OR COND	ITION GIVE	N IN PART 10	0
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/ /		OR CONTRIBUTING (FEITHER NOTIFY MEDI	AUSE OF DE	TH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18 PAI	RT 1 OR PART 21	
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n 21 is ma		2a. I certify that (1) saw the decease above, (1) (we) (c	d olive on	7/10	187 19		nd that in (my) (our) opinion	deoth occurr	ed on the dot	e ond hour		
# # # # # # # # # # # # # # # # # # #		26. SIGNATURE	12-9	Slad.	Chalin		. / 9	MEDICAL	STAFF		7/ a	28/8°
MPORTANT	2	IA / A	Y TT	PRINT)	C PAT	ELMI	123 8m	zer	Ave	2110	ten	mD21
	(SP	RIAL, CREMATION, ECHY) Burial		236 DATE 7-31	-87 G	len E	emetery or crematory Haven Mem.]	Ph. G	len B			
7/84	4. FUN	ERAL DIRECTOR U	ch F	uneral	Home	orth	East, Many	L 29	registrar 2	4 4 500	AR'S SIGNAT	1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR ASED NAME 20 DATE KNOWN (TYPE,OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED 8-3-1901 85 YRS DEAD Male White 9 BALTIMORE CITY OR COU To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED FOREIGN COUNTRY! Elkton Maryland USA Virginia DIVORCED [WIDOWED 120 USUAL OCCUPATION STYPE OF WORK O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Beth. Steel Wire Drawer Union Hospital Elkton SHOULD BE SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3a. STATE 13b. COUNTY 13c. CITY OR TOWN 3508 E. Lombard St. 21224 Baltimore Maryland YES XX NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE F. Flynn Hattie Garner Dallas 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Ruby B. Flynn 3508 E. Lombard St. 21224 217-01-2813 WITH I No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BARE. CERTIFICATION USED AS 20 AUTOPSY? 6 998 YES [] S SHOULD BE L DEPARTMENT C I PRIOR TO BUS 21g. EXTERNAL CAUSE WAS 71b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. If LOCATION EXECUTE THE CERTIFICATE, WRITII PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on and in my apinion Inspection death resulted fram: Suicide Hamicide L Undetermined manner Natural causes Accident TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 8-1-87 Oak Lawn Baltimore Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Duda-Ruck Funeral Home of Dundalk **DHMH - 17** dia Devideon (VR A15 ME (5)) 7922 Wise Ave. Dundalk, MD 21222

20M 4/B2

Program Small Exhill Single Source (All'A)

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2 654	CLARE		BIDDIE			1)
3 SEX	\n\.=	4 RACE		5. DATE OF	DAY YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY	MONTHS DAY	
70 BIRTH	PLACE (STATE OR FOREIGN	CAUC	WHAT COUNTRY?	MAR	11 1903	O PAITIMORE	CITY OR COUN		
	NIRY) PA	USA	WHAT COUNTRY?	MARRIED	NEVER MARRIED DIVORCED	CPC	11	VIT OF DEATH	
TO CITY	OR TOWN OF DEATH	11. NAME OF		G HOME OR	OTHER INSTITUTION	12a. USUAL OC			OF BUSINESS C
10 Ce	CUTON	225 1	HEACILITY, GIVE STREET A	ADDRESS)	VE.	Self -E	MP PLL	OMBING	
USUAL F	RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		34 INSIDE CITY LIMITS?	13e.STREET ADI		110	7/3
MAI	RYLAND CE		Cecilton		YES X NO	225		oHemi	A AVE
14. FATH	ER'S NAME FIRST	MIDDLE	LAST	15	5. MOTHER'S MAIDEN NA		NIDDLE		LAST
NO	CHO		FOSTER		NANCY			PHARE	HOH
	S DECEASED EVER IN U.S. AR/	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		7 INFORMANT		ADDRESS		
24	NO 1 -	-	1127-10-		ELIZ. M. FO	SIEK	wife	SAT	
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MEDICAL CERTIFICATIO	EOUT SEE DATE OF OPERATION C. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) d. INJURY OCCURRED WALK AT WORK OLI Certify that (1) (Manager sow the deceased alive on.	216. TIME CHOUR A. 216. PLACE (AT HOME STE	PITIBUTING TO COLUMN THE FACTORY, OFFICE, FACTORY, OFFICE	PEATH BUT NO PERATION NO PERAT	(sudden de was performed	YES NRED (ENTER NATUR	TO TOWN TO TOWN	YES, WERE FINE TTIFYING CAUS YES 18 PART 1 OR PART 2 COUNTY	DINGS USED ES OF DEATH? NO STATE
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MEDICAL CERTIFICATION OF 17	FOUR STEE DATE OF OPERATION a. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEA CIFETIMEN NOTIFY MEDICAL EXAMINER! d. INJURY OCCURRED WORK NOT WHILE SOUR THE HOOT WHILE CAUSE OF THE HOOT WHILE SOUR THE CONTRIBUTION OF THE CONTRIBUTION	216. TIME CHOUR A. 216. PLACE (AT HOME STE	PIRIBUTING TO COLUMN THE PROPERTY OFFICE FACTORY, OFFICE FACTO	DEATH BUT NO PLEASE. OPERATION V ARM ETC.) 2 Dec. 1	(Sudden de WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET 1984 19 thot in (my) (open opinion GREE ATTENDING	YES NRED (ENTER NATUR	TULY The date and h	YES, WERE FINE RTIFYING CAUS YES 18 PART 1 OR PART 2 COUNTY 1987 haur and from the	DINGS USED ES OF DEATH? NO STATE , that (I) (-2) labeled the causes stated
25 MEDICAL CERTIFICATION AND 10-10-10-10-10-10-10-10-10-10-10-10-10-1	FOUR STEE DATE OF OPERATION a. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEA CIFETIMEN NOTIFY MEDICAL EXAMINER! d. INJURY OCCURRED WORK NOT WHILE SOUR THE HOOT WHILE CAUSE OF THE HOOT WHILE SOUR THE CONTRIBUTION OF THE CONTRIBUTION	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	PITIBUTING TO STIPLE TO ST	OPERATION OPERATION OF ARM ETC.) Dec. 1 Dec. 1 Dec. 1	(Sudden de WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET 1984 19 thot in (my) (open opinion GREE ATTENDING	YES NRED (ENTER NATUR	TULY The date and h	YES, WERE FINE RTIFYING CAUS YES 18 PART 1 OR PART 2 COUNTY 1987 haur and from the	STATE . that (I) () lehe causes stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 1 -	REGISTRAR				CERTIF	ICATE OF DEATH	O / REG. A	0	4 2	
	CEASED NAME OR PRINT)	FIRST	,	AIDDLE	i	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(1111		VILLIA	M	J	GRAY		JULY 6, 198	37		8:24PM
3. SE:	Male		RACE White		5. DATE C	16 ^{AY} 19 ^Y 7	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS MIN.
7a BI	RTHPLACE ISTATE ORF	oreign j	U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DONORCED	9 BALTIMORE CITY C	R COUNTY O	OF DEATH	MD.
PI	TY OR TOWN OF DEA	MD	VA MED	ICAL CEN	ADDRESS) TER	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPEOF WORK FOR MOST I Automobi			OF BUSINESS OR
13a. S	AL RESIDENCE (15 NURS TATE Maryland	13b COUNT WIC		134 CITY OR TOW Fruitla	/N	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 107 N. Div			1826 . Box 192
	Thomas		Byrd	Gray		Margaret	WIDDLE		Lutz	S†
	VAS DECEASED EVER VES NO OR UNKNOWN) Yes	HE YES GIVE	MED FORCES? WAR OR DATES) WII	212-16-		Same as #1	Esther Peta 3e	lis (Sist	ter)	
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED				ARY ARREST			BETWEEN	ONSET AND DEATH
NO	Conditions, if ony, gove rise to imm couse (o), stotin underlying cause PART 2 OTHER SIGN	nediate g the last.	DUE TO, O	r as a consequi	ence of	NCER OF LARYNX		DITION GIVE	N IN PART 1	a
TIFICATI	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
MEDICAL CERTIFICATION	210, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WHAT WORK AT WO	CAUSE OF DEAT	P. 21e PLACE	M. MONTH D.	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		RT 1 OR PART 2) COUNTY	STATE
	22a.1 certify that (1) and the vorteous of the	(this hospit d alive on d) (ACIXX	JUT.Y view the bady	6 19 19 after death.	87_, 01	nd that in (my) (my) (prinion)	MEDICAL STA DIRECTOR PHYSIC	ate and hour	ond from the	SIGNED
	BURIAL, CREMATION, SPECIFY) Buri	_	23b. DATE 7/9			EMETERY OR CREMATORY co Memorial Pl	k Salisbury	, Wicor	nico, A	Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the a should be detached for use as the buriol-tronsit permit. Then please remay with the State Dept. of Heolth and Mental Hygiene prior to burial, cremativ

etained by the hospital or TO HOSPITAL OR

BP.

IMPORTANT: If Hem 21 is morked or Hem

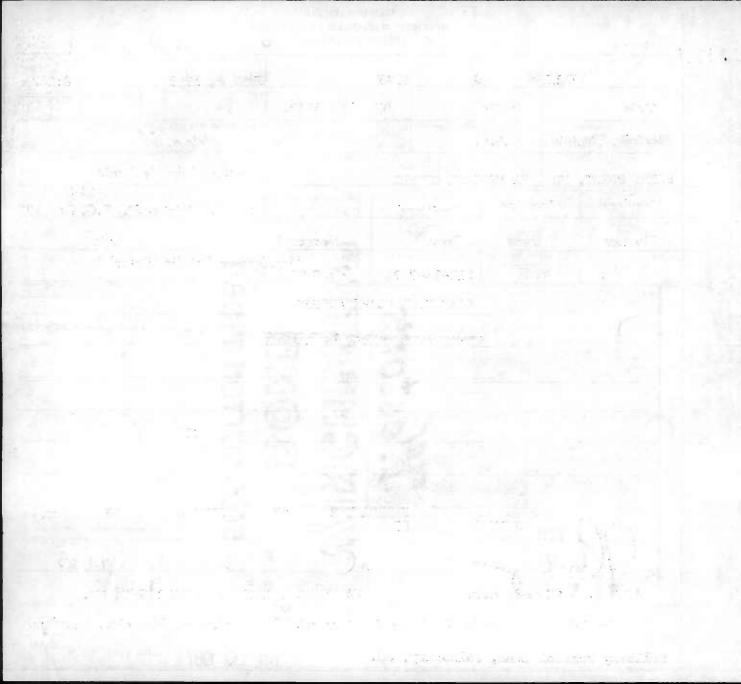
DHMH - 16 60M 7/84 (VRA 15, 4)

ony injury, or other traumatic event, th

FOR

24 FUNERAL DIRECTOR Holloway Funeral Home, Salisbury, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CONTROLLED TO 1987



060288

STATE OF MARYLAND

	1	FOR STATE FEGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE	0 0	, •)	3
1		CEASED NAME FIRST	ACE	MIDDLE	4	AST //	REG. 20. DATE OF DEATH	MONTH DA	YEAR 1/01	26 HOUR
ı	3. SEX		A RACE White		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI	MO	UNDER I YEAR	OO25 M IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUN RM).		WHAT COUNTRY?	8	DE NEVER MARRIED	BALTIMORE OTY	PR COUNTY O	FDEATH	MD.
1	10. CI	EIKTON	11. NAME OF (IF NOT IN SUC Uni	HOSPITAL, NURSING THE FACILITY, GIVE STREET A ON HOSP	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Boat Me	OF WORKING LIFES	126 KIND C	of BUSINESS OR
1	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUI Md. CEC	VIY_	GIVE RESIDENCE BEFORE 13. CITY OR JOW! NOTTH	admission) East		302 Jeth	/ZIP CODE ro St.	Nor	th East
)	14 FA	John A. Hal	MIDDLE	LAST			Illa S. K		LAS	21901
	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? /E WAR OR DATES]	217-16-		Minerva V.	Hall No	&s Jeth rth Ea	st, 1	Md. 219
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	RAS A CONSEQUE RAS A CONSEQUE RAS A CONSEQUE AMENU	NCE OF	HEATH PA ALLUMS ISNOTIC CHAR	1 JUKLUM		mr	UMATE INTERVAL ONSET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO X	20b. IF YES. V	WERE FINDING CAUSES	
1	CAL	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.	M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	TOR PART 2)	
	ME	WHILE NOT WHILE AT WORK 220. I certify that (1) this hospi	(AT HOME, STI	REET, FACTORY, OFFICE, FA	RM, ETC 1	STREET	CITY OR TO	OWN 10	COUNTY	STATE
		sow the deceosed olive on obove. (I) (we) (did) (did no 22b. SONATURE	7	-16 10 8		nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	deoth occurred on the comments of the comments	FF	22c. DATE	
		22d PHYSICIAN'S NAME (TYPE C	NA	IERA 1	nd	22e ADDRESS E/K7	in 1	nd	219	921
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	7-20-	T.T _	ame of c	emetery or crematory otting ham	Colora	Cecil	Md.	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked on Item 18 shows ony injury, or other traumatic event, the medical

Joina Devideon Rendales

injury, or other troumotia event, the

IMPORTANT: If hem 21 is marked or liver

59332 JUL 13

rector, page 3

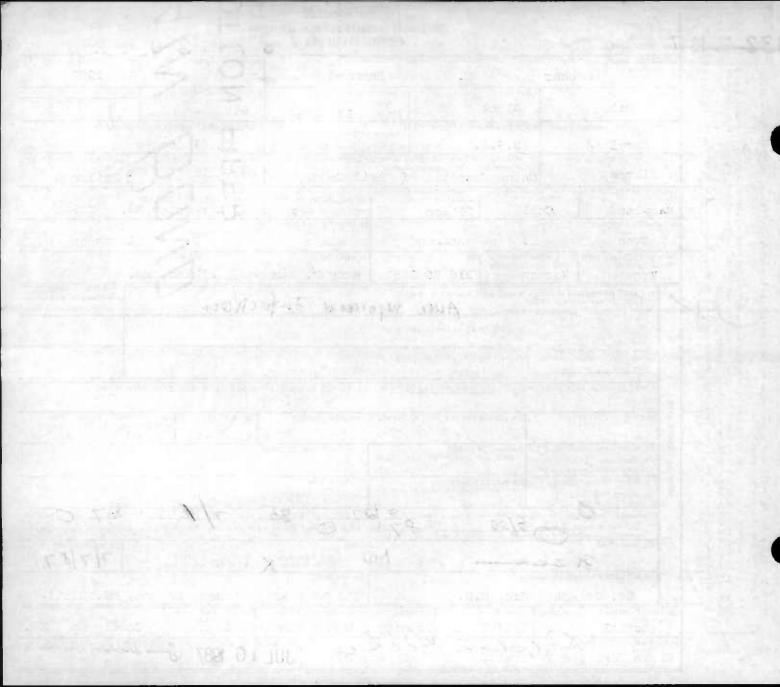
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17	REGISTRAR				CERTIF	ICATE OF DEATH	8 /	REG.	o. 0	ag ,	2	3
	DECEASED NAME	FIRST	/	MIDDLE	1	LAST	20 DATE C	OF DEATH	MONTH	DAY Y	EAR	2b HOUR
Ш	Ar	thur		E.	На	ammond		J	July	1,	198	7 ^
3.	SEX	4	RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRT	[HD AY]	IF UNDER	PAYS	IF UNDER 24 HRS
	Male		Black		May	17 1926	61		YRS.	MONTHS	DAYS	HOURS MIN.
7.	BIRTHPLACE (STATE OR F	OREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED		ORE CITY O			тн	
L	Maryland		U.S.A		WIDOWE] C	ecil C	County	I		WE
П	CITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		L OCCUPATION				F BUSINESS OR
L	Elkton		Jnion H	ospital c	of Ced	cil County	Trac				ilr	oad
Y	SUAL RESIDENCE (IF NURS	13b. COUNT	THER INSTITUTION,	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS /	ZIP COD	F		
	Maryland	Ced		Elkton		YES NO 🔀		Warbur			21	.921
I	FATHER'S NAME	44	IDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	WIDDLE				
	Evan		r.	Hammond		Alice		P.	I	Alexa	nde	r
10	MAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS			
L	Yes	Korea	NAR OR DATES)	216 20 3	852	Mary B. Ham	nmond,	Elkto	on, Ma	a.		
F	/ IB CAUSE OF DEATI	H (Enter anly	ane cause per	line far (a), (b), and	lica		1 (1			BET	PPROXIA	MATE INTERVAL
ł	PART I. DEATH W	AS CAUSED IMMEDIATE		Auto,	neigh	occerd Fu	tex Chilo	u.				
Г		MAINTEDIATE		R AS A CONSEQUE			100		Dist	-/1 X		
Н	Canditions, if any,	which	((b)_	R AS A CONSEQUE	INCE OF							
L	gave rise to imm	nediate										
Е	underlying couse		1	R AS A CONSEQUE	NCE OF							
١	PART 2 OTHER SIGN	JIEICANT CO	ONDITIONS CO	ONTRIBUTING TO F	EATH BUT	NOT RELATED TO THE TER	PAAINIAI DISEA	SE OR CONI	DITION GI	VENI INI DA	APT 1:0	
					21111	TO MEETINED TO THE TEN	ITTIL DIOEA	DE ON COLLE	5117014 011	· El · li · li ·	40	
4	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	OPSY?	20b. IF YE	S, WERE F	INDIN	GS USED
1	≅						YES 🗆	поп		FYING CA	USES	OF DEATH?
1	210. ACCIDENT WAS UND	ERLYING	21b. TIME O	F INJURY		21c HOW INJURY OCCU					ART 23	140
					Y YEAR							
L	(IF EITHER NOTIFY MEDIC		21e PLACE		19	211 LOCATION						
	WHILE NOT WH	ILE 🗍		EET, FACTORY, OFFICE, F.	ARM, ETC)	STREET		CITY OR TO	WN	COUN	4TY	STATE
1	220. I certify that (1)		l) attended the	a deceased from	9- L	17 10 9	<i>i</i>	7/1		10 58	7.	(in a) land
L	saw the decease above, (I) (we) (a			_	P7 6	nd that in (my) our) opinio	n deoth accurr	red on the do	ate and hou	ur and fra	-	(we) last
П	abave, (I) (we) (a 22b. SIGNATURE	lid) (did not)	view the body	atter death.	_	DEGREE						SIGNED
Г	7		2.09		M	^	MEDICAL DIRECTOR	STAF	F	120.	7/7	11
-	22d. PHYSICIAN'S NA	ME LEVES CO.	DOINT)			PHYSICIAN 122e ADDRESS	DIRECTOR	₹ DHYSIC	IAN	1	1 /	10 /.
	Dr. Jui			.D.		223 West Ma	ain Str	eet, F	Elktor	n, Md	1. 2	1921
2	30 BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOC					
	Burial		7/6/87	Tri	nity	A U M P Ceme	etery Z	ion	(Cecil		Md.
	FUNERAL DIRECTOR	Não 1	6/2	6 14	ck	2 / 25a. D/	ATE REC'D BY	REGISTRAR	256 REGIS	TRAR'S SIG	GNATI	REdoes
	Hicks Home f	or Fu	merals,	ADDRESS I	Elktor	n, Md.	10	198/	June	Pre		

DHMH - 16 60M 7/84 (VRA 15, 4)



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ing Eleton and 2192				
	H MARKY CO	g White Wester	0 1 66	
NO 17800 3 - cm2705				

completely filled in by the funeral director. page 3 s 1 and 2 should be filed within 72 hours after death

rending physician

*	1 -	FOR - STATE REĢISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 7	REG. NO	0 4 2	5
USL		CEASED NAME OR PRINT)	DOROI		J.		LLAND	Ju]	Ly 2,198	7	3:20 AP
	3. SE	× Female	4.1	White	9	5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35	- 3	RTHPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF T	WHAT COUNTRY?	B.	NEVER MARRIED		ORE CITY OR COUP	NTY OF DEATH	MD
Contred		1 OR TOWN OF DEA	rH 11	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET NOOD 1	ADDRESS)	ng Home	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKIN Nemaker		F BUSINESS OR
must be	13a S	al residence (# NURSI STATE ryland	ISE COUNTY Ceci		GIVE RESIDENCE BEFORE 13 CHY OR TOW ELKTOR		13d. INSIDE CITY LIMITS? YES NO	150	ADDRESS / ZIP CO	n Stree	1921
Skomine	14. FA	Elwood	WID	DIE	Janne	ey.	15. MOTHER'S MAIDEN NAME OF THE STREET MARGE		MIDDLE		uley
medical		WAS DECEASED EVER I	N U.S. ARME (IF YES GIVE W		215-30-		Beatrice M	icCau	Ley 713	wark, De Lehigh	1. 19711 Rd., New
in Truumotic event, the		Conditions, if ony, gove rise to imm couse (o), stoting	which ediote	AUSE (o) DUE TO, OI	R AS A CONSEQUE	ENC OF	Tuln Juliane		Come	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
jury, or of	Z	PART 2 OTHER SIGN	IFICANT COM	(c) NDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE OR CONDITION	OIVEN IN PART 10	0
S on S	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT		YES, WERE FINDIT RTIFYING CAUSES YES	
Hem 18 sh	MEDICAL CERT	210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	P.,	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR				
orked or	MEDI	216 INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	E 🗆	21e PLACE (OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR FOWN	COUNTY	STATE
n 21 is m		220.1 certify that (I)	Colife on	ottended the	e lucuas from_ 19_		d that in (my) pinion	deoth occurre	ed on the date and	hour and from the	
ZT. # #ea		12% SIGNATURE	or	1	the	*		MEDICAL DIRECTOR	STAFF PHYSICIAN [7/2	2/87
MPORTAL		JOSE	ph G	Lan	zi MD)	N. Bridge	St.,	Elkton,	Md. 21	1921

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has beishould be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prin

FT POST

23 BURIAN CREMATION, REMOVAL 7/6/87

Burial

230 NAME OF CEMETERY OR CREMATORY Baptist Cemetery

Newark, D 1.

Mullica Hill, Gloucester, N.J.

JUL 15 1987 Julia Dirian Pades

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43/27					
T2610 23/27		aabist .		rad .7 det	

06148	4 JUL:	50.	FOR		STATE DEPARTMENT OF HE	OF MARYLAND ALTH AND MEN	TAL HYGIENE	
	7 306 .		REGISTRAR	MEI	DICAL EXAMINE		AEG.	
5%	08E		CEASED NAME FIRST PRINT) Ma	rcella 1	Marie	Keely	20. DATE KNOWN OF ESTI- DEATH MATED	1 7 26 1987 A
Mev, ME	0.572 0.575	3. SE)	comple Whi	Sept 1	L 1902 LAST BIRTHDAY) 2 4 YRS.		UNDER 24 HRS 20 DATE DURS MIN PRONOUNCED DEAD	7 26 1987 850 K
NECESS	製5		RTHPLACE (STATE OR PERSONNELL)	76. CITIZEN OF WE	SA v	VIDOWED X	DIVORCED CC	T County of DEATH
ELAY IS TO THE	20		EARLEVILLE	(IF NOT IN SUCH FAI	PITAL, NURSING HOME, C CILITY, GIVE STREET ADDRESS) V J.E. S EY	AVENUE	HOMEWAKER	VA OF WORK 126 KIND OF BUSINESS OR INDUSTRY
21201 21201	385		L RESIDENCE (IF IN NURSING HOLE)	OME OR OTHER INSTITUTION, GIV ECIL ECIL	FARLEVILI	13d. INSIDE CITY L	IMITS? X 131STREE ADDRESS JER	SEY AVE. CEM
BALTIMORE, MD. 2120	070	14. F/	JOSEPH	MIDDLE PE	ENISCH	15. MOTHER'S	MAIDEN NAME MIDDLE	LAST
ALTIMO	Sign T	16a. V {Y	VAS DECEASED EVER IN U.S.	. ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECURITY N 200-20-47			same
ORDS, 201 W. PRESTON ST. EXECUTED WITHIN 24 HO BING" IN PENCIE IN ITEM TO	BE FORWARDED TO THE CHIEF MEDICAL EXAMINES FECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT HERM THE STATE DEPARTMENT OF HEALTH AND MENTAL HOBBE RYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	2	PART I DEATH WAS CA	DIATE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF		reart disea.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OF VITAL RECORDS, ATE SHOULD BE EXEC	USED AS OF HEAL RIAL, CR	IFICATIO	19a. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORME	D?	20 AUTOPSY?
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EDICAL EXAMINE	PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR, PAGE 3 AFIER DEATH, WITH THE SIATE DE BALTIMORE, MARYLAND, 21201 P		ACTUAL SIGNATURE	Natural causes .	Accident , Suicio	Hamicide	Undetermined monner MEDICAL EXAMINER	DATE 5 7 26 87
2	PAGE AFTER BALTIE		TYPE OR PRINT) URIAL, CREMATION, REMOV.			ADDRESS VICENATORY	23d LOCATION CITYOR TOWN	COUNTY STATE LLEGHENY PA
DH.	MH - 17 15 ME (5)) M 4/82	24 F	INERAL DIRECTOR LLOWS FUNER	AL HOME BO	OX 270 MIL	LINGTON,		GISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR PAREG. NO KNOWN CEASED NAME 20 DATE OF ESTIohn ndrew 01 DEATH MATED AGE (IN YEARS IF UNDER TYR 2d HOUR 4 RACI IF UNDER 24 HRS. 20 DATE YEAR LAST BIRTHDAY) PRONOUNCED 4.50 66 YRS DEAD 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY! 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF USUAL RESIDENCE (IF N NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME ALICONE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CAUSE OF DEATH (Enter only one cause per line for (p) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN SEXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN IPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER RILL FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIA AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDRALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO Canditions, if any, which gave rise to immediate (b) cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? NO D 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC } STREET CITY OR TOWN STATE WHILE COUNTY WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted fram: Hamicide Undetermined manner ACTUAL SIGNATURE (TYPE OR PRINT) BP 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND

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	rry Poin		VA Medical			Advisor		Defen	se
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	13-	FOR - STATE RÉGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE	REG. NO	0 4	2	9	
		CEASED NAME FIRST	MI	DDLE		A51	20 DATE OF	DEATH A	AONTH DAY	YEAR	26 HOU	IR
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	3. SE)	X	4. RACE		S. DATE C		6. AGE (IN YE	ARS LAST BIRTH	MONI	INDER I YEAR	IF UNDER	MIN.
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4	7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D MEVER MARRIED	9 BALTIMOR	E CITY OF	COUNTY OF	DEATH		
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3	Pe	erry Point	Perry	Pt. VA M	ADDRESS) Ledica	or other institution	120 USUAL C (TYPE OF WORK Ret. Ex	FOR MOST OF	working (IFE)	izb. KIND C INDUSTRY at. S	U.S.	Gov't Counc
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0		James	S.	Lay, Sr.		Lillian				Lockh	31	
)		WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRES	v.	A 220)46	
	,	Yes II		223 07 3	1936	Emily M. Lay	(Wife)	202 1	Forest		Fall	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT (Alzheimers Di	DUE TO, OR (c) CONDITIONS CONDITIONS	AS A CONSEQUI	ming ENCE OF DEATH BUT	NOT RELATED TO THE TERM	20a AUTO		20b. IF YES, WIN CERTIFYIN	ERE FINDII G CAUSES	NGS USEI	TH?
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1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O			211 LOCATION STREET		CITY OR TOV	/N	COUNTY	Ę.	STATE
		220. I certify that X (this hasp saw the deceased alive an above, X (wg) (did) (XXX) 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE C	Note the body of the land of t	28 19	Augus 87	DEGREE ATTENDING	death accurred MEDICAL DIRECTOR [on the do	F _	22c DATE	thatXII (recouses state SIGNED 28/87	oted
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	230 E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/2/8			emetery or crematory on National	23d LOCA	TION		YIMUC		STATE
		UNERAL DIRECTOR	1, 0				E REC'D. BY RE	GISTPAR			To do	
	Μυ	urphy F.H., 110	W. Broa	ad St. Fa	alls (Church, VA JU	L8 1	301	8			

Murphy F.H., 1102 W. Broad St, Falls Church, VA

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DE ASED NAME 120 DATE TYPE OR PRINT OF ESTI DEATH ON STREET. MATED 6 AGE (IN YEARS IF UNI RIYR 2d HOUR IF UNDER 24 HRS. 24. DATE BIRTHDAY) YOUR PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OF COUNT NEVER MARRIED PA. USA WIDOWED D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPAT ION TTYPE OF WORK COOK WORKING LIFE) 21201 13d INSIDE CITY LIMITS? YES T BALTIMORE, MD. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE HARRY KINWEL ACNES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 211-20-0644 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCII. IN ITEM IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - PRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALLJMORE, MARYLAND, 21201 PRIQE TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH dise ase DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION SHOULD BE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY CERTIFICATE 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection X 22a I certify that I took charge of the remains described above, held an Autapsy and in my opinion Homicide death resulted fram: Natural causes Undetermined manner VILE (SPECIF ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL Del. REMOVAL Glen PA 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

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OR ATTENDING PHYSICIAN: The te hospital or attending physician.

TO HOSPITAL OR ATTENDIN

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STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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3. SE			RACE		5. DATE O		6. A	GE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y		F UNDER 24 HRS	-
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	Jacob C.	Blan	nkenship		0.00	Lureth	a W	orkman					
160 V	VAS DECEASED EVER			CIAL SECUR		17 INFORMANT		ADD	RESS 16 I	W. Ma	ain	Stre	et
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400	22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)	رد	19	220 ADDRESS	Sh	· HAO	ng hz	Gas	ne	Klas	/
	BURIAL, CREMATION,	REMOVAL	23b DATE	23c NA	ME OF CE	EMETERY OR CREMATO	RY 2	d LOCATION			-	1010	=-
- (Burial		8-3-87	- 4			-31	CITY OR TOWN	0	COUNTY		STATE	
_	JNERAL DIRECTOR	10	1200	Bro	ookv	125a	DATE REC	Rising D. By REGISTRA	RIZZE REGIST	RARSSIG	NATUR	MD -	-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-irganst permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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If Item 21 is morked or

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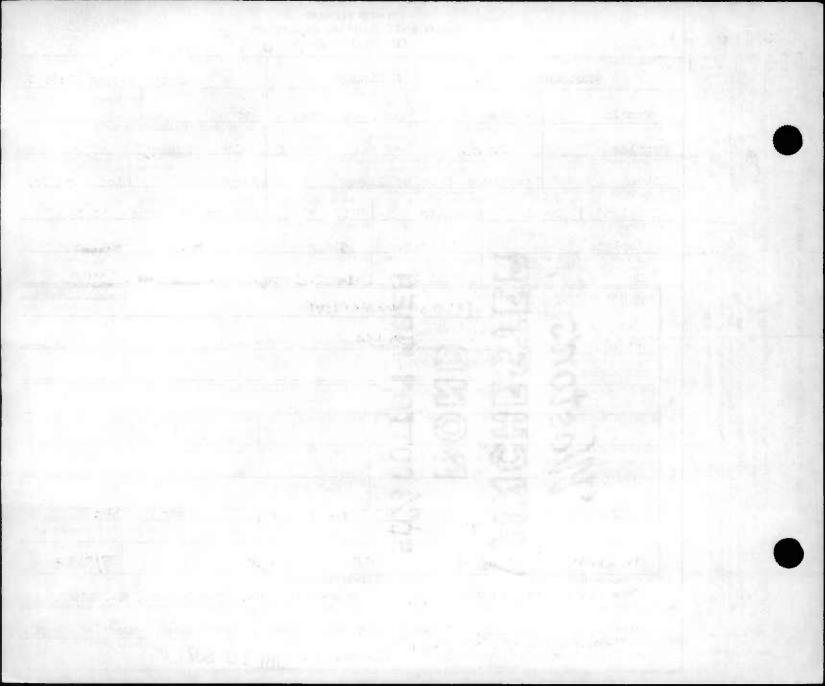
STATE OF MARYLAND

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EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	DTI	ELCATI	OF	DEATH	1, 0

		STATE REGISTRAR		DEI ARTI		IEALTH AND MENTAL HYG	d /	2 0	fin.	5	7
		EASED NAME FIRST		MIDDLE		[AS]	20 DATE OF DEATH	MONTH	DAY YE	AR :	7b HOUR
		Rutha		Υ.	McK.	inney		July	5 19		12:39
3	3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST		IF UNDER 1	YEAR	IF UNDER 74
		Female	Whit	e	Oct.		77	YRS		DATS.	HOURS
2 7	7a BIR	THPLACE (STATE OR FOREIGN DUNITRY)	76. CITIZEN O	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			Н	
3		aryland		S.A.	WIDOWE		Cecil C				
		Y OR TOWN OF DEATH	I IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOS				BUSINES
5		LKTON LRESIDENCE (IF NURSING HOA		wood Nursi		enter	Seamtress		Clot	hir	ng Mf
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9			Cecil	Elkton		YES NO	100 Laure	1 Dri	ve	1192	21
1	14. FAT	THER'S NAME	MIDDLE	EAST		15. MOTHER'S MAIDEN NA	WE			LAST	
		Delaplane		Guiber		Clara	E		K.	line	9
000		AS DECEASED EVER IN U.S		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS			
E I	116	No	s, one was on pares,	212 22 2	2372	Marie Y. Loga	n, North E	ast,	Md.	2190	01
, E		18 CAUSE OF DEATH (Ente	ei anly ane cause p	er line far (a), (b), an						PROXIM.	NATE INTERV
orner 170		gave rise to immediate cause (a), stating the underlying cause last	DUE TO.	or as a consequ	ENCE OF)M					
injury, ar ather tra		cause (a), stating the underlying cause last	e DUE TO,			NOT RELATED TO THE TERM	NINAL DISEASE OR CO	DITION C	GIVEN IN PA	RT 1:a	
ows any injury, or other tra		cause (a), stating the underlying cause last	DUE TO, (c)	CONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF Y	GIVEN IN PA	INDINO	
	CERTIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, (c) NT CONDITIONS: 19b. CON G	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF Y	YES, WERE F TIFYING CA YES []	INDINO USES C	OF DEATH
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: If them 21 is marked ar them.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAL 220. L'eartify that (1) (this had work to be deceased alive above, (1) (we) (did) (did) 221b. SIGNATURE	DUE TO, (c)	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET FACTORY, OFFICE, I	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC	NOT RELATED TO THE TERM NOW WAS PERFORMED 21c HOW INJURY OCCURI 21l LOCATION STREET C 19 and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR CITY OR death occurred an the	20b. IF Y IN CER TOWN 7/7 date and h	YES, WERE F TIFYING CA YES B PARTI ORPA COUN	INDINGUSES C	STA
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DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician.



DHMH - 16 60M 7/84 (VRA 15, 4)

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0218 J				DEPARTA	AENT OF H	E OF MARYLAND BALTH AND MENTAL HYG ICATE OF DEATH	S / REG.	b. O_ 4	4 3	3
nay be page 3	1. DE	CEASED NAME WILLIAM WEXNXXXX	L	EROY		ASTER	JULY 15,	1987	Y YEAR	26 HOUR 11:14P M
ge 4 may ector paç urs after de	3. SE	MALE		IITE	S. DATE (6 AGE LINYEARS LAST BIR	YRS	DNTHS DAYS	HOURS MIN.
deoth Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		F WHAT COUNTRY?	WIDOWI	Triple 1		L COUNTY	,	MD
4/2	PEI	RRY POINT MD	VA ME	DICAL CENT	ADDRESS)	or other institution	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST O (RET) CLERK		INDUSTRY	T(POST OFF
	13a.			13c. CITY OR TOW HAVRE de	N	13d INSIDE CITY LIMITS? YES X NO 1	13e STREET ADDRESS . 800_SOUTH W		N STREE	T 21078
complete	1	ATHER'S NAME FIRST ELMER WAS DECEASED EVER IN U.S. A	E.	MCMASTER		CAROLINE 17 INFORMANT	MIDDLE	SS	LAS	HOMAS
re be execut icion and co iers. Pages 1 of			I DATES	216 03 9	744	MRS. JEAN POUGH				RDEEN 2100
that the death certifical by the attending physical remove corban population, ar remove an executive and the traumatic event,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,	CARDIOPUI PNEUMONIA ORAS A CONSEQUI ASCUD, I	ENCE OF EMEN'	°IA				
he law requires	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
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S to to to	WE	WHILE NOT WHILE AT WORK	[AT HOME	STREET, FACTORY OFFICE, F		STREET	CITY OR TO		COUNTY	STATE
DR ATTEN thospital DIRECTOR. ched for us Dept. of He		22a.1 certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did if	not) view the boo	5 19.8	, ,	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [, to JIII.Y 15 death occurred on the d MEDICAL STA DIRECTOR PHYSIC	ote and hour	ond from the	that (I) (we) lost couses stated SIGNED
TO HOSPITAL or retoined by the TO FUNERAL Eshould be detained with the Stote Elimportant: If		DOUGLAS LAW	Ler /	по		VA MEDICAL C		Y POIN	T MD	
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DHMH - 16 60M 7/84	24 1	UNERAL DIRECTOR MITCHELL FUNE	RAL HOM	E HAVRE I	E GRA		PEREC'D. BY REGISTRAR	Ista Da		

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		CEASED NAME FIRST		MIDDLE	ı	AST	20	. DATE OF DEATH	MONTH DAY	YEAR 2b	. HOUR
y be		Harry	y C. Mcl	Mullen				July 31,			M
ge 4 mo	3. SE	male	4. RACE Whi	te	5. DATE C	DAY YEA	AR	AGE (IN YEARS LAST BIRT	(HDAY) IF UNDE		OURS MIN.
deoth. Poge		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTR	/2 R	NEVER MARRIE		Cecil	R COUNTY OF DE	ATH	MD.
offer of the	10. C	TY OR TOWN OF DEATH 1 k ton	11. NAME OF (IF NOT IN SU		ET ADDRESS)	OR OTHER INSTITUTIO	LO	o. USUAL OCCUPATION TYPE OF WORK FOR MOST O	ON of WORKING LIFE) INC	KIND OF B USIRY elep	hone
24 hours	13a	AL RESIDENCE (IF NURSING HOME) TATE 136 CC			ORE ADMISSION)	13d INSIDE CITY LIM		street address / 242 Red	ZIP CODE Pump Ro	ad 2	1911
w.thin		ATHER'S NAME FIRST	Mullen	LAST		15 MOTHER'S MAID				LAST	
and to	1	VAS DECEASED EVER IN U.S.	GIVE WAR OR DATES	216-0"		17 INFORMANT Beatric	e Mc	Mullen R		Pump	vRoad MD
ow requires that the death been signed by the attend mit. These places prior to kurnal, commercen, o ony injury, as author transmost	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAT	DUE TO, C	ONTRIBUTING TO	D DEATH BUT	Anemia.				E FINDINGS	S USED
IAN: The lophysicion. ifficate has ifficate has of Hygiene if a shows in 18 shows	CERTIFI	21a. ACCIDENT WAS UNDERLYING			DAY YEAR	21c. HOW INJURY C	OCCURRED	YES NO	YES 🗌	1	NO 🗆
G PHYSIC optending er this cer the burio and Ment	MEDICAL	OR CONTRIBUTING CAUSE OF	21e PLACE	OF INJURY TREET, FACTORY, OFFIC	19	211 LOCATION STREET		CITY OR TO	wn co	DUNTY	STATE
R ATTENDIN hospital or a RECTOR: Aft ned for use as spt. of Health fem 21 is mar		220.1 certify that (1) this he saw the deceased alive above (1) we) (did (did			27 1.01		78 prinion dec	th accurred on the do		ram the cou	
OR he		22b. SIGNATURE	in Hu	_			ING I	MEDICAL STAF	F .	7/3/	187
TO HOSPITAL retained by to TO FUNERAL should be de- with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TO	Thin H.	su		-		moui st	, Elktor	- M	10
BP	230	Burial, cremation, remov (SPECIFY) Burial	23b. DATE 8-4-8			emetery or crema view Ceme	eters	23d LOCATION CITY OF TOWN 7 Rising	Sun Ce	cil	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME R. T. Foard I	F.H .F.	ADDRESS		2.	SO. DATE R	3 1987	25b REGISTRAR'S	SIGNATUR	dallo

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death and flower to assert the death
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JUL 3	DE (TYPE	EASED NAME FI	IRST	WIDDLE	ł.	ASI	20 DATE OF DEATH	MONTH DAY	YEAR 7	h HOUR
		Alvi	n L. Messe				7-26-87			1649
		Male	4. RACE Whi			mber 27, 1942	6. AGE (IN YEARS LAST B	YRS IF UN		HOURS
35	7a. BI	RTHPLACE STATE OR FORE	IGN THE STITIZEN	OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORECITY Cecil C	_	DEATH	73
7	E	TY OR TOWN OF DEATH	Uni	on Hospi	ta1s)	DR OTHER INSTITUTION	Parts Ch		Auto	BUSINE
35	13a S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE COUNTY	134 CITY OR TOW	E ADMISSION)	138. INSIDE CITY LIMITS?	13 e.STREET ADDRESS	rk Town	e Dr	2/
100m		aniël	MIDDLE	Messersm.	ith	Gertrude	WE	Не	wlet	t
edico.	160 V	VAS DECEASED EVER IN L	U.S. ARMED FORCE	585-09		17 INFORMANT Barbara M	essersmit.		ark f	low
vurial, crematian, ar y, or ather traumatic evil		Conditions, if any, which gove rise to immedicate (a), stating underlying couse I	DUE TO hich bi iote the DUE TO Cost (c)	, or as a consequi , or as a consequi	ENCE OF	NOT RELATED TO THE TERM			N PART I o	RA
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E Dept. of Health and Mental Hygiene prior to buriol, cremation, If them 21 is marked or terants shows any injury, or other troumo		Conditions, if ony, wh gove rise to immedicouse (a), stoting underlying couse I PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E WHILE CONTRIBUTING CAUS WHILE CAUSE 27a. I certify the Contribution of the Cont	MEDIATE CAUSE (o) DUE TO hich iote the DUE TO lost (c) CANT CONDITIONS N 19b. CO VING 19b. CO VING 19b. CO 21b. TIM HOUR EXAMINER) 21c. PLA (AT HOME	O, OR AS A CONSEQUIDOR OF	OPERATIO AW YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 19 4 Host in the lour) opinion DECREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY ORT	NDITION GIVEN IN 106 IF YES, WE IN CERTIFYING YES UNTINITEM 18, PART I C	N PART ITO RE FINDING G CAUSES O ORPART 2) COUNTY	SS USED DEATH NO ST
lept. of Heolth and Mental Hygiene prior ta barial, cremation, them 21 is marked or Item-8 shows any injury, or other trauma		Conditions, if ony, why gove rise to immediate couse (o), storing underlying couse I PART 2 OTHER SIGNIFIE 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL E AT WORK NOTI	MEDIATE CAUSE (o) DUE TO hich iote the DUE TO lost (c) CANT CONDITIONS N 19b. CO VING 19b. CO VING 19b. CO 21b. TIM HOUR EXAMINER) 21c. PLA (AT HOME	O, OR AS A CONSEQUIDOR OF	OPERATIO AW YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 2 11 LOCATION STREET ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR T death occurred on the of	NDITION GIVEN IN 106 IF YES, WE IN CERTIFYING YES UNTINITEM 18, PART I C	RE FINDING G CAUSES O ORPART 2) COUNTY If from the co	SS USED DEATH NO

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DEPARTMEN

IT OF HEALTH AND MENTAL HYGIE ERTIFICATE OF DEATH	NE B	REG. N	10 2	0	e d	3	Ó
LAST	a DATE OF	DEATH	MONTH	DAY	YEAR	7h. HOUR	ī

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+		1					E OF MARYLAND			
59	7146	10-	FOR STATE REGISTRAR				ICATE OF DEATH	GIENE B REG. NO	20	36
			CEASED NAME	FIRST	MIDDLE		AST .	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	moy be poge 3	(TIPE	OR PRINT)	WALT	ER M.	MILE	URN	July 5, 1	987	7:50am
	moy er d	3SEX		4	RACE	5. DATE (6. AGE (IN YEARS LAST BIR		
	Poge 4 mo	1	Male		White	MONTH 03		57	YRS. MONTHS DAY	S HOURS MIN.
	death. Page uneral direct ann 72 hours	(RTHPLACE (STATE OR SOUNTRY)	0 -	CITIZEN OF WHAT CO	MARRIE WIDOWI	D NEVER MARRIED D	1 1	R COUNTY OF DEATH	MD
10	s ofter d	10 CI	rry Point	AfH 11	NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF UNKNOW	F WORKING LIFE) INDUSTR	OF BUSINESS OR
BALTIMORE, MARYLAND 21201	filled in ould be filled in could be filled in coul	13a. S	AL RESIDENCE IF NUM	136 COUNTY Prince (13c. CITY	or town verdale	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	-10	13/
MARYL	ompletely and 2 st		Na Iter	MID	DDIE M	lilburn	15. MOTHER'S MAIDEN N.	R.		hite
IMORE	Poges		AS DECEASED EVER	I LIEVES GIVE W		-24-2721	Helen R. W	hite Milbu	T T	
T., BALT	physicia physicia property model, the		18 CAUSE OF DEAT PART I. DEATH V	H (Enter only)	one couse per line for 10 BY: CAUSE (a) Cant		nary arrest		APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
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ESTO	afferd afferd nove can affer, or troumotic		Conditions, if ony			rchopneum	onia			
1 W. PR	Dot the		gove rise to im cause (a), stati underlying caus	ng the	DUE TO, OR AS A CO	onsequence of rig	ght upper lob	e of lung w/	metastas disseminate	id .
RDS, 20	equires to a signed Then ple r to burid injury, or	NO	PART 2 OTHER SIG	NIFICANT CO SChizo	nditions contribut	d thrombo	NOT RELATED TO THE TER	minal disease or coni right lower	extremity	lio
I RECO	hos been prio	CERTIFICATION	19a DATE OF OPERA		196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YESXIX NO	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	rysician: The ding physicion is certificate burial-transit Mental Hygies or fem 18 shown in them 18 shown in the sho		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	
IVISION	ottending offer this of sithe bur nond Me	MEDICAL	21d. INJURY OCCUR		21e PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
٥	or or African		220.1 certify that (Kthis hospitol) ottended the deceose	ed from May	22 1987	July_	19 87	KKKKKKX
	TTEN priol TOR for u		XXXXXXX	XXXXXXX	view the body after dea	XXWXXXXX. o	nd that in (my) (our) opinion	deoth occurred on the do	ate and hour and from th	ne couses stated
	OR ATTEN ie hospitol DiRECTOR oched for ui Dept. of He		22b. SIGNATIONE		view me dady after dea		DEGREE		22¢ DA	TE SIGNED
	J + J + 0		4	when	1		ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🔀 7-	-6-87
	O HOSPITAL etoined by th TO FUNERAL should be deto with the Stote		22d. PHYSICIAN IN JOH		RCAN, M.D.		22e ADDRESS	1 Center, Pe		Md.
	Of Odd MM	23a. 8	EPHAL CREMATION	REMOVAL	23h DATE	ZZL NAME OF C	EMETERY OR CREMATORY	734 LOCATION		
	BP	Cr	LEMATION	J	7-6-1987	24	200	West Che	ten Chest	en Ponn
	DHMH - 16 60M 7/84	20 6	PAREL DIRECTOR	0 5	uneral Home	AÇOR Perryvi	lie, Ma	9 1087	25E REGISTRARS SIGN	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/ (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REGISTRAR			CERTIN	ICATE OF DEAT		0 ,	REG. NO.	20	-	
	LEASED NAME FIRST	MIDI	DIE	L	AST		20. DATE OF DE	ATH M	ONTH DAY	YEAR	2b. HOUR
	Holt	11.11.	IAM	- /	MOORE				7/13	187	1105
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	Male	White		pct.	29, 19ž	20	66		YRS.		
	RTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WH	HAT COUNTRY?	8.	NEVER MARRI	IED 🗆	BALTHMORE	CITY OR	COUNTY OF	DEATH	
	111.	U.S.A.		WIDOWE			Cec	11	Co		
10. CI	TY OR TOWN OF DEATH		SPITAL, NURSIN		R OTHER INSTITUTI	ION	12a. USUAL OC			126. KIND OI	F BUSINESS
1	-/KION		Hospi				Insura			Reti	red
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	Md. Ceci		Elkton		YES NO				r Roa	d 21	921
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STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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9 7 4			IOL		ELIZABE		MOORE	JULY	30, 1987	2b HOUR 9 P M
4 moy	3. SE	EMALE	4.	RACE NEGRO	0	5. DATE O	F BIRTH LY 7°, 1899	6 AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	AS DECEASED EVER			166 SOCIAL SE	ECURITY NO.	17 INFORMANT	11.7	Vini 1 APDR	ESS			
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			(C)								
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	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M	A. MONTH DA	Y YEAR						
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1		220.1 certify that (I) (this least	(m) attended the	deceased from	1/Ju	Ly 19 87		Ly	19-87	that (I) (we) I	ast
-		sow the deceased alive an	_20 July	19 8	7, or	d that in (my) (death occurred an the	date and hou	and from the	couses stated	
-1		abave, (I) (well (did) (did	wiew the body	itter death.		250054					
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-		Wallace	Obenshai	n.M.D.		Cecilton M	d 21913				
	23a B	URIAL, CREMATION, REMOVAL	23h DAITE		AME OF C	EMETERY OR CREMATORY	234 LOCATION	00	AINTOIN	UNI	
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	24 FL	INERAL DIRECTOR	1	-	ELK	TON MI 250. DATE	E REC'D. BY REGISTR	AR 256 REGIST	RAR'S SIGNAT	URE	
		TAME CONTRACTOR	L-115/	ADDRE	VIAII	1100 1111	0.0				

(VRA 15, 4)

06 1 2 0 0 JUL 30187 STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20 DATE OF DEATH 2h HOLIR TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MD. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Home 134STREET ADDRESS ZIP CODE 21901 ADDRESS 02 E. Geci 220-24-0266 Mulford J. Parrett North East. 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Northeast Md 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN North East Meth North Ceci North East 250. MAJE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Home DHMH - 16 60M 7/84

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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ARTMENT OF HEALTH AND MENTAL HYGI	ENE					-	
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AND 212	M(AL RESIDENCE (IF NURSING HOME		EIKTOH		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ńg Str	eet	21921
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he low requion. thos been significant. The lene prior to lows ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CON	AN IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	
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HOSPITAL OR A need by the hospital EUNE EUNE delached and the Stote Dept.		226. SIGNATURE 226. PHYSICIAN & NAME (19)	N			ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		7/2	SIGNED
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y be	oge 3 death		{TYPE	CEASED NAME FIRST OR PRINT) Gale	EV	erett P	eter son	20. DATE OF DEATH	7/31/87 1745 M
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frerd	Na start	9/	10 CI	TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET ADD		(TYPE OF WORK FOR MOST O	
urs o	file	e no	MICE.	AL RESIDENCE (IF NURSING HOA			of Cecil Count	Custodial	Elkton
24 ho	ly filled in	35	13a. S	TATE 13b C	ounty ecil	13c. CITY OR TOWN Elkton	13d: INSIDE CITY LIV YES [X] NO		ZIP CODE gsworth Manor 2192:
rithin	5 W	A I	H FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME	
w ba	ond	ex /	1	Wallace	MIDDLE	Peterson	Grace	F.	Dixon
execut	Poges 1	medicol		VAS DECEASED EVER IN U.S.	S. GIVE WAR OR DATES			ADDRE Peterson, 199 H	ss ollingsworth, Elktor
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equires	n signe Then p	injury,	ATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO TH	he terminal disease or cont	DITION GIVEN IN PART 110
The low r	e has bee sit permit. giene prio	you's ony	CERTIFICAT	19a DATE OF OPERATION	19b CON	NDITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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TTENDIN	for use of Healt	21 is mo		22a I certify that (I) (this h saw the deceased ofive abave, (I) (we) (did) (di	e on / -	3/ 198	7 7 , 19 7 , ond that in (my) (aur)	opinion death occurred on the do	te and haur and from the causes stated
TALOR A	FUNERAL DIRECTION OF State Dept.	ANT: # Hem		Flude	L. Guy	ril.		DING MEDICAL STAF	22c. DATE SIGNED 7/3/87
- 0	be St	5 /		224. PHYSICIAN'S NAME (1	YPE OR PRINTI		105 E Mo		

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 8/5/87 23c NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial

Pk, CITY OR JOWN Elkton

Cecil

Md.

Hick's Home for Funerals ADDRESS Elkton, Md. 06 1987

AUG O 6 1987 July Francisco

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page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87 STATE CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME EIRST 26 HOUR (TYPE OR PRINT) MAMIF M. PHIPPS JULY 23, 1987 4:30A 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX MONTH DAY FFMALE. WHITE APRIL 24, 1901 86 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ASTATE OR FOREIGN MARRIED NEVER MARRIED Missouri USA WIDOWEDIX CECIL COUNTY. DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ELKTON LAURELWOOD NURSING CENTER (RET) NURSE PRIVATE DUTY JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? HARFORD HAVRE de GRACE 147 WILSON STREET YES X 21078 NOF 15 MOTHER'S MAIDEN NAME A FATHER'S NAME LAST MICOLE WILLIAM STARKEY ANNA **SNODGRASS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) 235 20 0074 MRS. ETHEL CRESWELL, 107 SENECA AVENUE, HdG, MD. 21078 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 27c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23 JULY 87 MPORTANT ld b 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN BURIAL 27 JULY 1987 BEL AIR MEMORIAL GARDENS BEL AIR, HARFORD COUNTY, MARYLAND 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRARI25b REGISTRAR'S SIGNATURE MITCHELL FUNERAL HOME PA, HAVRE de GRACE. MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MEN		IENE /	REG. N	20	-d 4	3	
3.1	ASED NAME FIRST CLARENCE		LBERT		ERCE			JULY		987	8pm	<u> </u>
3. SE	X MALE	CAUC.		DEC.		9 'i 'o	76		YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	-
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	JAMES L.		IERCÉ		CLARA	1		LKER		É	DWARDS	
	VAS DECEASED EVER IN U.S. AF	MED FORCES? VE WAR OR DATES)	178-07		MARIA		PIE		wife			
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Z	PART 2 OTHER SIGNIFICANT Severe cer			7744		THE TERM		ASE OR CON	IDITION GIV	EN IN PART 1	0-	
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	220.1 certify that (I) (this base) saw the deceased alive or above. (I) (we) (did) (did no	15 Jul	V 8/ 19_	, 01	nd that in (a) (ou	r) opinion (deoth occur		ly . 87 . ote and hou	ond from the		_
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	Wallace Obe		1.D.		CECIL-	KENT	HEA:	СТН С	ENTE	R CECI	219 LTON,M	

Wallace Obenshain, M.D., CREMATION, REMOVAL 236 DATE 7/16/87 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
WILMINGTON

24 FUNERAL DIRECTOR

F.H. 226 E. MAIN ST. CECILTON,

MD 219181 22 1987.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please riwith the State Dept. of Health and Mental Hygiene prior to buriol, creaming the Manual France of them 18 shows any injury, or other MAPORTAL.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 0 4 4 6

	CEASED NAME FIRST E OR PRINT) Elsi		S.		erce	Ju DATE OF DEATH	_	1987 YEAR	6:05 AN
3 SE		4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIR	-	IF UNDER TYEAR	IF UNDER 24 HRS
	Female	Caucasi	an	Apr:	DAY YEAR	91		MONIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	OR COUNTY	Y OF DEATH	
	COUNTRY) Maryland	U.S.	Δ		NEVER MARRIED U	Co	- -:1 C-		44.5
	ITY OR TOWN OF DEATH			WIDO WED	R OTHER INSTITUTION	12a USUAL OCCUPAT	cil Co		F BUSINESS OR
D	talaa Cua	The state of the s	H FACILITY, GIVE STREET		**	TYPE OF WORK FOR MOST	OF WORKING LI	(FE) INDUSTRY	
	ISING SUN AL RESIDENCE (IF NURSING HOME O		Manor Nu		ноше	Housewife			14111.
13a. S	STATE 136. COU	VIY	13c. CITY OR TOW			13e.STREET ADDRESS			7717
	elaware New	Castle	Newark		YES NO D	91 S. Chape	el Str	reet	19711
1911	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	at
	Robert		Smith	1 29 11	Elizabeth			McDowell	
	WAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	No		221 01 6	366	Gladys Meyer	,8 Wilgus	Ct., Be	etheny E	Beach, De
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE		dergen, som				
CATION	gave rise to immediate cause (a), stating the	(c)CONDITIONS <u>C</u>	R AS A CONSEQUE	DEATH BUT N		INAL DISEASE OR CON	20b. IF YE	S, WERE FINDIN	NGS USED
NIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS <u>C</u>	R AS A CONSEQUE	DEATH BUT N	NOT RELATED TO THE TERM		20b. IF YE		NGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS	R AS A CONSEQUE	DEATH BUT N	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE IN CERTII	S, WERE FINDIN FYING CAUSES ES []	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	CONDITIONS	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YE IN CERTI YI	S, WERE FINDIN FYING CAUSES ES []	NGS USED OF DEATH?
	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE ADDRESSED NOTIFY MEDICAL EXAMINE ADDRES	196 CONDITIONS C. 196 CONDITIONS C. 196 COND AIH HOUR A P 21e PLACE (AT HOME ST	ONTRIBUTING TO DESTRIBUTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, SACTORY, OFFICE, F The deceased fram 19	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c HOW INJURY OCCUR! 21f LOCATION STREET 1 19 76 d that in (my) (aur) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	20b. 4F YE IN CERTI YI JRY IN ITEM 18	S, WERE FINDINFYING CAUSES ES PART 1 OR PART 2) COUNTY 19 7 ur and fram the	NGS USED OF DEATH? NO STATE that (I) (we) last causes stated
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 120. I certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did in 122b, SIGNATURE THE ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF MAILE AT WORK NOT WHILE AT WORK 120. I certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did in 122b, SIGNATURE)	In time Conditions Con	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DAM OF INJURY OF INJURY AM. OF INJURY OF	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c HOW INJURY OCCUR! 21t LOCATION STREET d that in (my) (aur) aprnion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the d	20b. 4F YE IN CERTI YI YI YIYA 18 18 OWN	S, WERE FINDIN FYING CAUSES ES PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) last causes stated
MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK AT WORK 22a, I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did in 22b, SIGNATURE	CONDITIONS	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY REEL FACTORY, OFFICE, For deceased from 19 2 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 2 3 3 2 3 3 2 3	OPERATION AY YEAR 19 ARM ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR! 21t LOCATION STREET 1 12 2 19 76 d that in (my) (aur) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED CENTER NATURE OF INJU CITY OR TO , 10 7 death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. 4F YE IN CERTIN YI	S, WERE FINDINFYING CAUSES ES PART 1 OR PART 2) COUNTY 19 7 ur and fram the	NGS USED OF DEATH? NO STATE that (I) (we) last causes stated

DHMH - 16 60M 7/84

(VRA 15, 4)

THE SET BELL STANKE THE

page 3 er death

STATE OF MARYLAND

DEPARTMENT OF REALTH AND MENTAL HYCIENE

173	13	
REGINO	1.1	54
REG NO	-	

	STATE REGISTRAR	VEI ARTIME	CERTIFICATE	OF DEATH 8	/ REG-NI	0 4	41	ĺ
1. DEC	CEASED NAME FIRST OR PRINT) TRUIN	MIDDLE /	PINDE	FR SR	20. DATE OF DEATH	MONTH DAY	1987	26. HOUR 51.07AN
3. SE)	malo	RACE	S. DATE OF BIRTH	1920	6. AGE (IN YEARS LASIABIRT		UNDER I YEAR	# UNDER 24 HRS
71.81	Clawaro	4,5,A	MARRIED NE	VER MARRIED []	BALTIMORE CITY O	COUNTY	Excu	ty MO
10 0	CATON OF DEATH	NAME OF HOSPITAL NURSING	HOME OR OTHER	INSTITUTION	Het. Cur	auter	The Kibling	your plater
Z	LAWASE THE TOP OF	131 CITY OF TOWN		DE CITY LIMITS	1386 I	rogto	who	Pel
TALFA	Derence "	V. Ande	IS MOT	Mary	MECHE -	De	niels	2
	VAS DECEASED EVER IN U.S. ARME		549 N	orma L	ea Dis	2-70	rung	end Be
	18. CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED B' IMMEDIATE C Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Y: CAUSE (o) DUE TO, OR AS A CONSEQUEN	HOFE LOTO	a where	dinas.		MITWEEN	MATE INTEVAL DOGET AND DEATH
N	PART 2. OTHER SIGNIFICANT CON		ATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR CON	TION GIVEN	IN PART 110	a 1
CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH O	PERATION WAS P	ERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EJTHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	t OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR		TATION	CITY OR TOW	N	COUNTY	STATE
	270.1 certify that (1) (this hospital) saw the deceased alive an abave, (1) (we) (did) (did nat) vi	7/12 19 8	12\2\% , and that in	, 19 <u>85</u> (my) (aur) apinion d	eath occurred an the do	12 19 te and haur o		that (i) (we) lost causes stated
	22b. SIGNATURE	Julia Ho	DEGREE		MEDICAL STAP	F IAN []	22¢ DATE	SIGNED
	Kenneth Lew	is MD	22e. AD	bress Jenniactus	st Mid	detow	in De	19709

DFMH 16 60M 1/73 (VRA 15(4))

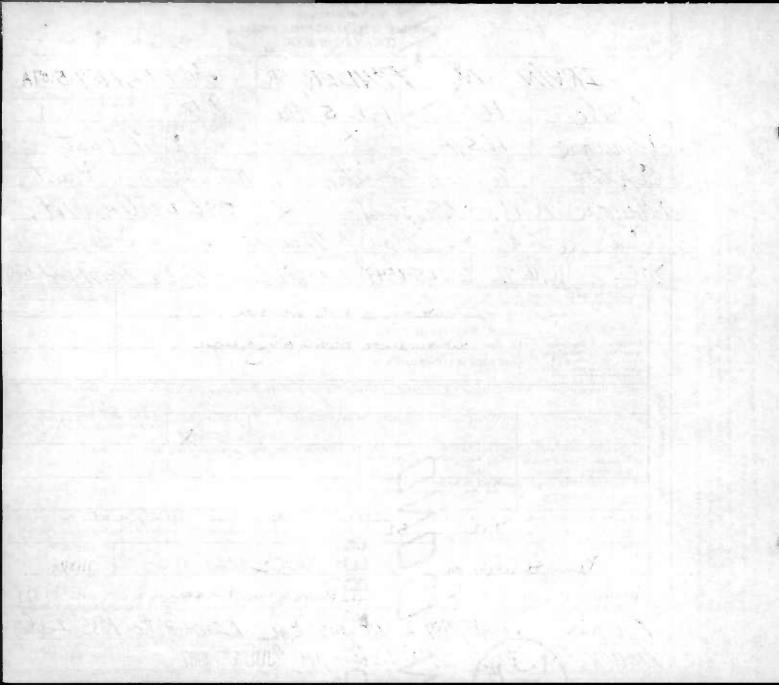
IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather traumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the build-transit permit. Then please remove corban paywith the State Dept. of Health and Mental Hygiene priar ta build), crematian, ar remove

230 BURIAL CREMATION, REMOVAL

23 NAME OF CEMETERY OR CREMATOR

JUL 1

BY REGISTRAN 256. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbanopagers, Pages 1 (no.2 shouts of the death mith 172 hours offer death with the State of Health and Mental Hygiene prior to buriol, cremotion, or removal.

5.9558

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.		
	CEASED NAME / FIRST	WIDDLE	7)	AST	20. DATE OF DEATH MO	INTH YEAR	2b. HOUR
(TYPE	ORPRINT) HORAC	E F	KPI	asolde		7/8/87	502
3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AVI IF UNDER 1 YEAR	IF UNDER 24 HRS
	· _ · · · · · · · · · · · · · · · · · ·		MONTH		50	MONTHS DAYS	HOURS MIN.
- 01	male RTHPLACE (STATE OR FOREIGN	white	4		59 BALTIMORE CITY OR C	YRS.	
	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	Y. BALTIMORE CITY OR C	OUNTY OF DEATH	
_	aryland	USA	WIDOWE		Cecil	Co	MD.
l. CI	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	PR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	OF BUSINESS OR
100	LINION	Union Hospi			store own	er	
13m S	ryland Ceci		VN	136. INSIDE CITY LIMITS?	717 Teleg	raph Road	21911
	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		1
	William G. Re	ynolds		Essie	WIDDLE	Hawî	ey
		MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	7 Telegra	ph Rd
	yes no or unknown) 1955	1-1953 214-26	-1851	Darthula R	evnolds Ri	sing Sun.	MD
		1214 20		<u> </u>	0		IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), or D BY:	10 (C1.)	OCARDIAL I	ILADOTOR		ONSET AND DEATH
	IMMEDIAT	E CAUSE (o)	7019	OCARDIAL 1	NFARCTION		
		DUE TO, OR AS A CONSEQU	ENCE OF				
	Conditions, if ony, which	(CORO	NARY	Y ARTERY	DISEASE		
	gove rise to immediate)					
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF				
		(c)					
z		ONDITIONS CONTRIBUTING TO			IN AL DISEASE OR CONDIT	ION GIVEN IN PART TO	0
CERTIFICATION			-	MNG:	I a series I a		
ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		0b. IF YES, WERE FIND!! N CERTIFYING CAUSES	
TIF					YES NO	YES 🗌	NO 🗌
CE	21a. ACCIDENT WAS UNDERLYING	THOUSE A ME MONITH O	AV VEAD	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA		19				
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION			
WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE,	FARM ETC)	STREET	CITY OF TOWN	COUNTY	STATE
	AT WORK AT WORK			/ 0 7	1	ad	
		tal) attended the deceased from	000	19 83		19_8/	thou (I) we) lost
	sow the deceased alive on	Niew the body ofter death.	8 / or	d that in (my) (our) opinion of	death occurred on the date	and hour and from the	couses stated
	22b SIGNATURE	A sylew the body offer deom:		DEGREE		22c. DATE	SIGNED
	2/1	11	M	ATTENDING .	MEDICAL STAFF		
	10	aman	100	TITIOTCIAL LE	DIRECTOR PHYSICIAL		
	224 PHYSICIAN'S NAME (TYPE O	1			TE 131, 47		
	EHSANUR	RAHMAN		OGLETOWN	I ROAD, NE	WARK, DEI	19713.
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		
	Burial		Nest	Nottingham	Port Dep	osit Ceci	1 MD
	UNERAL DIRECTOR	1/11/01			E REC'D. BY REGISTRAR 256	DEC ISTRARIO CICALA	TUDE
		ADDRESS		1111		E REGISTRAR'S SIGNA	andelle
п	roard Fu	neral Home F	lisin	o Sun WyUl	1 3 1987		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital or attending physician.



060072 JUL 21

STATE OF MARYLAND

1	FOR		DEPARTM	IENT OF H	EALTH AND MENTAL HYG	IENE	-		75
87	STATE REGISTRAR			CERTIF	ICATE OF DEATH 8	REGIN	0.0	-	7
I. DEC	CEASED NAME FIRST		WIDDLE	·	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
(TYPE	Alice	W	R	1015	ands		7/14	1/87	0225 M
1 SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN
	F	CAUCAS	SIAN	6	25 09	78	YRS.	JATES DATS	NOURS MIN
70.65	RTHPLACE STATE OFFICE	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALLIMORE CITY O	R COUNTY C	OF DEATH	
	MARYLAND	U.S.A		WIDOWE		(call	Co		MD
10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		ON OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
T	Iston	Mario	n Hosp	ital	of Cecil Co.	1. 1	Jonk	W.C.O.O.	
130. S	AL RESIDENCE (IF NURSING HONDITATE 136 CO	DUNTY CLI	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	field1	TRU	21921
14. FA	THER'S NAME				15 MOTHER'S MAIDEN NAM				
	Maxwell	WIDDLE	Wooda	11	Ella	WIDDLE	P	Registe	er
	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDRE	SS		
	No	, one want on ownes,	212 20 8	8642	Vic N. Voshel	1, Elkton,	Md.	21921	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one cause per USED BY: DIATE CAUSE (a)	ine for (a), (b), and	STIVE	S WEART FA	theas		BETWEEN	MATE INTERVAL ONSET AND DEATH
1 × 1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)		meli	EROTIC CHRA		- OCS t	ersr.	
	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM				a l
Z O	N. Bell Wood In								
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
E K	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	E INTITION		21c. HOW INJURY OCCURR	YES NO	YES NAME OF THE PARTY OF THE PA		но 🗆
	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCUR	CED TENTER MATORE OF INJUI	CT IN LIEM IB, PAK	I (OR PARI 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK								
	220.1 certify that (1) (this h	e on 7-6	4 19 8	7-1	nd that in (my) (aur) aprinion of	death accurred on the de	ate and haur		that (1) (we) last causes stated
1	abave, (1) (we) (did) (di 22b, SIGNATURE	d nati view the bady	after death.	4 (DEGREE			22c DATE	SIGNED
	Alunde	a lusto	re!		ATTENDING	MEDICAL STA		7-0	14-87
	224. PHYSICIAN'S NAME (T	PE OR PRINT)			22e. ADDRESS				7
	Boland		era p	7,10,		n Street, E	lkton,	Md. 2	1921
	BURIAL, CREMATION, REMO	The state of the s	4.00		emetery or crematory anor Memorial	23d. LOCATION	Co	CIL	Md.
	Burial	7/17/8	O PITT	TII M	duor Liemorrar	Fk Elkton	cei	~ _	1.77

EIKton, Md 17 1007

Dividson Randallo

DHMH - 16 50M7/77 (VR A 15 (4))

Burial

24 FUNERAL DIRECTOR
NAMICKS HOME FOR FINERALS

T 1/1/1/12 Desc EL STONY MADE TO SE VILLE Copperate weak fauncie Michigan Habitan inggo a though the control THE PARTY OF THE P NO VERTER LINE WAR NOT A STATE

RAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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executed within 24 hours ofter death. Page 4 may be

completely filled in by the funeral director page 3 pound 2 should be filed within 72 hours ofter death

remave carbanpapers. Pages

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending pshould be detached for use as the buriol-transit permit. Then please remaye carban pape; with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

STATE OF MARYLAND

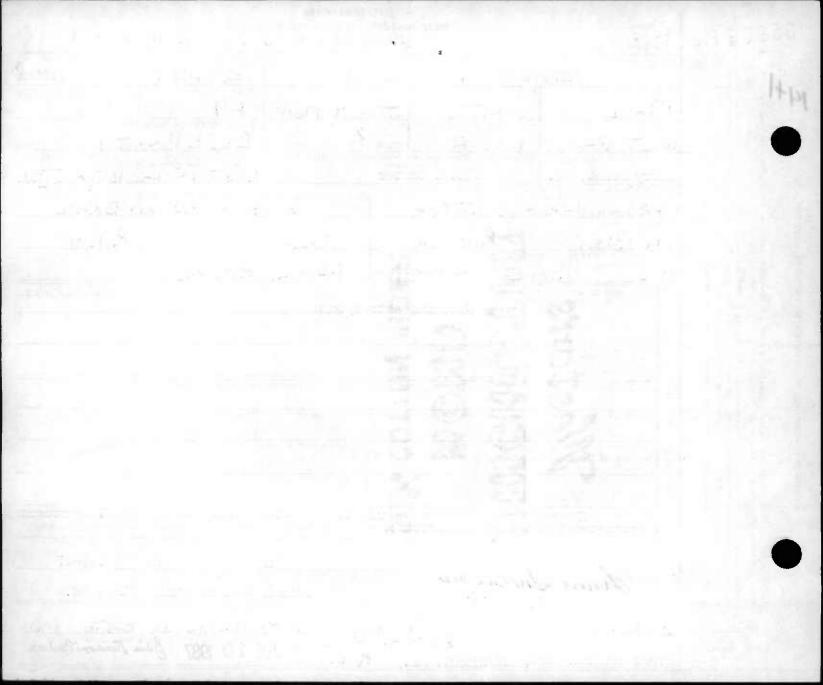
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-00		2000
-	1	18	Array
6	U	9	~
REG. NO	-		

JU.	1,-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	SIENE REG.N	0 4 5						
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR					
	(TYPE	ALDRO!	W G.	RUN	NER	July 8, 1	.987	8:10am					
	3. SE	X 4	RACE	S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YE						
	5	2106	1.111.70	MONTH	DAY YEAR	LT	MONTHS DA	YS HOURS MIN.					
30	70 B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	70		9 BALTIMORE CITY C	OR COUNTY OF DEATH						
5		COUNTRY)	1) 5 0	MARRIEI	NEVER MARRIED	U.C. 1	C						
	10.6	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	WIDOWE		120 USUAL OCCUPAT	LOUAL MINI	MD. D OF BUSINESS OR					
23	Pe	rry Point, Md.	VA Medical Co	address)	N OTHER INSTITUTION		CLASS BE	TH. STEEL					
	130. S	AL RESIDENCE (IF NURSING HOME OR OTI STATE 13b COUNTY ARYLAND HARF	HER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	SURO DE	21082 Live					
Comme	14 FA	ATHER'S NAME FIRST MID	OLE RUNDER		15 MOTHER'S MAIDEN NA	WE	Ril	S 4					
3		WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDR	ESS						
2		YES NO OR UNKNOWN) (IF YES, GIVE W	232-22-	-7536	FAMILY	RECORDS							
event, the		18 CAUSE OF DEATH (Enter only of PART L DEATH WAS CAUSED B	one cause per line for (a), (b), ar					ROXIMATE INTERVAL EEN ONSET AND DEATH					
		IMMEDIATE CAUSE (0) Cerebral astrocytoma											
0 0 0 0	10	Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCEOF									
injury, ar omer iraumona		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF									
- 16.2	NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	i lio					
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES .						
G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART TOR PART	2)					
2	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE					
2		22a.1 certify that (X (this hospital	ottended the deceosed from.	Marc	h 26 . 19.87	. to July 8	, 19_87						
		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	new the body ofter death.	XXXX. or	nd that in (my) (our) apinion	death accurred on the d	ote and hour and from	the couses stated					
E		22b. SIGNATURE	lew the body offer deofn.		DEGREE		22c. D/	ATE SIGNED					
					ATTENDING PHYSICIAN \$	MEDICAL STA	FF CIANTER 7.	-8-87					
		224 PHYSICAN'S NAME (TYPE OF	neton "		??e ADDRESS	Center, Pe							
2	23a			NAME OF C	EMETERY OR CREMATORY	23d LOCATION							
	0	(SPECIFY) on	C	hoch	an Mem P	K PORTOWN	11 BOLT	STATE					
	24 F	URIAL UNERAL DIRECTOR	520	OHOR	50.0 250. DA	TE REC'D. BY REGISTRAR	256 BEGISTRAP'S SIGN	VATURA .					
7/B4		NAME	ADDRESS	- IIII	7.010	11 10 1987	Julia Davido	on-Randole					
	EV	ans Funeral Home	, Baltimore, Mo	1.	ROAD JI	- 1001							

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS, got W. PRESTON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND

	OF HEALTH AND MENTAL HY MINER'S CERTIFICATE OF		Н	REG.	69	di	5
WIDDLE	LAST	20	DATE	KNOWN	[3]	MONTH	DAY
J.	SHAULL		OF DEATH	ESTI- MATED		7	15

		OR PRINT					LAG!			OF FSTI-	N B W	AONTH DA	YEAR	26 HOUR
28 8 8 E			RONALI		J.		SHAU	IT.T.		OF ESTI-	D []	7 15	1987	
RECTOR RECTOR R FILES HOUR STREET	3. SEX		4. RACE	S DATE OF BIRTH		6. AGE (IN YEARS			R 24 HRS	2c. DATE	ĬĀ.	ONTH DA	AY YEAR	2d HOUR
REC HR F				MONTH DAY	YEAR	LAST BIRTHDAY)		YS HOURS	MIN	PRONOUNCED				
ON SOUTH		ale	White	7 22	64	22 YRS.				DEAD		7 15	1987	6:46 A M
NECESSAR FUNERAL 5 FOR YO 9, WITHIN 1	7a. BIF	RTHPLACE (ST	TATE OR	76. CITIZEN OF WH	AT COUN	TRY?	MARRIED TO	NEVER MAR	PIED [9. BALTIMORE C	TYORC	OVITADO	FDEATH	
SES € 8	-	nsv1va	nia	USA			VIDOWED [Cecil	Coun	+37		
ND SON		TY OR TOWN		11. NAME OF HOSE						UAL OCCUPATION			KIND OF BL	MD.
PAGE 5				(IF NOT IN SUCH FAC	ILITY, GIVE ST	TREET ADDRESS)			FOR	MOST OF WORKING LIFE)	WORK I.E.	OR INDUST	
700		nowingo		Connelly					Tru	ck Drive	r	T	ruckin	ng
SEADY	USUA 13a. ST		113b. COUN	R OTHER INSTITUTION, GIVE		OR TOWN		SIDE CITY LIMITS?	Isa STD	EET ADDRESS		Conf	and the	7-9
RETAIL SHOULD SHOULD RECORD		PA W		ork		rville	YES			D. #1,	Air	villa	111	
F	14 FA	THER'S NAME		7210	1111	TVITIC	15 AA	OTHER'S MAIL			MIL	VIIIE		
E-1846		FIRST		MIDDLE		LAST	13. M	FIRST	DEIN INAME	MIDDLE			LAST	
A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		James		0.		aull	50	Rosal	ie	Α.		Wh	itman	
PAS OS	16a. W	AS DECEASES	DEVER IN U.S. ARA	AED FORCES?	16b. SOC	IAL SECURITY	10. 17. IN	ORMANT		ADD	RESS			17302
NA GENERAL		No	, , , , , , , , , , , , , , , , , , , ,		208	-60-070	5 T4	na M.	Shaul	1 PD	#1	Airm	ille,	
SOE 45			F DEATH (Enter on	y one cause per line t			1 1 1	.11ct 11.	Dilaux	I K.D	• 1/ L ,	ALLV	APPROXIMATE	
O VO	>	PARTIDE	ATH WAS CAUSED	V DV								В	ETWEEN ONSE	
TANGER .		011	MMEDIAT	CHOSE (O)	-	ession a	aspnyxi	.a						
ZZZZEZÓ		01-	50	DUE TO, OR	S A CON	ISEQUENCE OF								
正当供及之 遊			ns, if any, which	(6)										
AN ELEGA			stating the under-	DUE TO OR A	SACON	SEQUENCE OF								
PAZZZZ		lying cau	ise last.			01000								
858				(c)										
\$50648		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	JT NOT RELA	TEO TO THE TERMINA	L DISEASE OR COL	DITION GIVEN IN I	PART 1 (a)					
期95 658	MEDICAL CERTIFICATION													
5:40	A	19a. DATE OF	OPERATION	196 CONDITI	ON FOR V	WHICH OPERAT	ION WAS PER	FORMED?				20	AUTOPSY?	2
MORD WORD WORD WORD WORD WORD WORD WORD W	F												YES X	NO [
WO BE	ERT	210. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY		71c HOW IN	IURY OCCURE	PED LENTER I	NATURE OF INJURY IN IT	EM 18 PART	1 OR PART 21	153 807	140 []
FICATE WOULD IN PRIOR PR	0 1	UNDERLYING	₹ OR			DAY YEAR								
SARTI OF THE COLOR AND THE COL	2		NG CAUSE OF D						actor	-trailer	/ 11 X	ed ob	ject i	rmpact
E SE	E	21d. INJURY C	CCURRED	21e PLACE O STREET, FACTO			211 LOCATIO	N		CITY OF TOWN		COUNTY		STATE
AR AR AR	~	AT WORK	NOT WHILE C	road			Connell	v Rd.	west	of Rt. 1		Ceci	1	MD
1 S S S S S S S S S S S S S S S S S S S											-			- 110
A A S S H S		22a. I certif	fy that I taak charg	e af the remains desc	ribed aba	ve, held an	Autapsy _	, Inspect	an L.	Conowing	and in	my apiniar	1	
MER PET		death resulte	ed franci Natur	al causes	Accident/	SUICH	fe L. F	lamicide	Undet	ermined manner				
AR WILD AR		100000	/ Was	+ U.	1	1	A TIT	LE (SPECIFY)						
A COMP		ACTUAL SIGNATURE_	NON	8 +40	N	A	7.8		n+	ICAL EXAMINER	ſ	DATE	7-15-	-07
DEATING AND		SIGNATURE_				11	M.U	BBIBLA	MED.	ICAL EXAMINER		SIGNED_	1-15-	-0/
WOON TO THE		EXAMINER'S	NAME NO.	- D G-11-	7	V		444	•	CI D 1			01001	
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE		(TYPE OR PRIN		F. Golle	. Jr	., M.D.	ADDRE	SS		St., Bal	co.,	MD	21201	
EDSEAR	23a.BL	PECIFY)	TION, REMOVAL 2	b. DATE	23c. N	IAME OF CEME	TERY OR CREA	MATORY	23d LC	OR TOWN		COUNTY	SI	ATE
BP /		Buri	al	7/18/1987	St	. James	Luther	an Cem	eterv	Chancef	ord		York	, PA
DUMBLE	24 FU	NERAL DIREC					2120	4 25a. DATE	REC'D. BY	REGISTRAR 256	REGISTR.	AR'S SIGN	ATURE	
DHMH - 17 (VR A15 ME (5))	R:	NAME 1.Ck Tor	zeon E.	ADDRESS	T	1050	Vowle 1	Rd JUL	21	1987 4	. ~		A	
((0))	IC	GCK TOV	vaon rune	ral Home,	inc.	1030	TOLK	(u)	-	1001 Am	ia di	order.	Kandage	

requires that the death certificate be

_		FOR
1	-	STATE
		DECHETDAD

STATE OF MARYLAND DEP

ARTM	ENT	OF	HEAL	TH	AND	MENTAL	HY
	CEF	RTI	FICA	TE	OF	DEATH	

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REG. NOC.	U	day	2	

1-	FOR STATE				EALTH AND MENTAL HYG	0 7	2 0	1 5		
	REGISTRAR FIRST	AAN	DDIE	1.0		20 DATE OF DEATH	MONTH DA	Y YEAR	12h HOUR	_
29 (PRINT) Ediso			She1				TEAN		
						July 21, 19			12:43	
3. SE)		4. RACE		O STAC	1 21 ^{AY} 1918 ^{A®}	6. AGE (IN YEARS LAST BIRT		NIHS DAYS	HOURS /	MIN.
	Male	Bla		Apri	1 21 1918	69	YRS			
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	A	ARRIEC	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY)F DEATH		
	orth Carolina	U.S.		DOWE		Cecil				MD.
	TY OR TOWN OF DEATH		DSPITAL, NURSING H		R OTHER INSTITUTION	176 USUAL OCCUPATION			OF BUSINESS	SOR
Pe	erry Point, Md.		edical Cen			Soldier		U.S.	Army	
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	Mt. Raini	1	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌		zip code th Str	ZO 7	7/2	_
JA FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	51	
/	Thomas Shel				Sophroni					
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECURITY		17 INFORMANT	ADDRE	220	1 -16t	h St.,	N.E
	YES, NO OR UNKNOWN) (IF YES G		244 16 526	5	EUNice Battle	e/Niece/Wash	ingtor			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per fi	ne for (a), (b), and (c)	1				BETWEEN	ONSET AND DE	AL EATH
		ED BY: TE CAUSE (a)	Fever of u	ınkn	own origin					
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUENCE	ell	carcinoma of	tongue				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	OITION GIVE	N IN PART 1:	0	
Z O	Chronic anemi	a	100							
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?	?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A101	. MONTH DAY	YEAR	211 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	IT T OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FARM,	ETC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STAT	TE
	22a.1 certify that (X (this hasp so of the deceased alive of above X (we) (did) (3 (X)	* * *	d	uly 	13 , 19 87 d that in (Our) apinion	, to			that X (we couses state	
	226. SIGNATURE	PA	/		DEGREE			22c DATE	SIGNED	
	Mulle	1001	anjour		M D ATTENDING X	MEDICAL STAF	IAN	7-21	-87	
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1		220 ADDRESS					
	GLENDON E.RA	YSON. M.I	0		VA Medical Ce	nter. Perry	Point	MD	21902	
23a. E	BURIAL, CREMATION, REMOVA			E OF CI	EMETERY OR CREMATORY	23d LOCATION	- OTHE	• 1117		
	(SPECIFY) Humial	7-27-8	7 HAR	MONT	CEMETERY	CITY OR TOWN	n Dn	COUNTY	STAT	TE

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-transit permit the State Dept of Health and Mental Hygania pr IMPORTANT: If them 21 is marked or them 18 th

(VRA 15, 4)

Rollins 4339 Hunt Place, N. CHARLES Funeral Home, Washington, DC 4339 Hunt Place, N.E. Y Landover, Pr. Geo's., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 28 1987

JUL 28 88 JUL

(VRA 15, 4)

STATE OF MARYLAND

F	1. 1				STATE OF MARYLA	ND				
1224 J	10	282		DEPARTM	ENT OF HEALTH AND M	MENTAL HYGI	ENE			
2 2 4 30	7 4	REGISTRAR			CERTIFICATE OF D	EATH	REG. N	2 0	4 5	500
		CEASED NAME FIRST	MIDI	DLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR 2b	HOUR
oto	(TYP)	ESTE	ILF	S.	STEC	2.9.2		July 10	1987	00
	3 SE		14 RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAST BI	THDAY)		UNDER 24 HRS
		F	PAUCACI	Ad	MONTH DAY	TEAR	73	YRS	NIHS DAYS HO	DURS MIN.
رون		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WE	AT COUNTRY?	8.	ARRIED	9 BALTIMORE CITY		FDEATH	7
1		PENNSY LIDA	is U.	5.0	MARRIED NEVER M		Colored Dill	C	ECIL (accust in
P	10 C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	S HOME OR OTHER INSTI		120 USUAL OCCUPAT		126 KIND OF BU	JSINESS O
to 11	1 0	ALUERT Md		AUCK DU	RS. LL ME	Palc.	CA.Ch	OF WORKING LIFE)	INDUSTRY	ery
5	USU	AL RESIDENCE (IF MURSING HOM	E OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE					7-1-3	
34	VI.	13b CC	ET I	ALENA		NO TA	JIM DAVI	ZIP CODE RD	21635	
10	16. F/	ATHER'S NAME			15. MOTHER'S				~_0))	
1949	D	Stall +1	MIDDLE	Sier	K III	FIRST	MIDDLE		CILAST	1:10
8	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECUR	RITY NO. 17 INFORMAN	TORIA	ADDR	ESS O	CHAR	UIR
2			GIVE WAR OR DATES)	160-11-	Call Oshort	Sient	V 635	. // .	an the	ect
-	-	NO			6011 KCDENI	21611	10 /11	ADelp	APPROXIMATE	INTERVAL
ent,		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAI		a for (o), (b), and	to An	1			APPROXIMATE BETWEEN ONSE	
Cav	12	IMMED	HATE CAUSE (0)	respe	away //				minu	101
mot.			DUE TO, OR A	S A CONSEQUE	- 4	todati	-0		Mon	The
trou		Conditions, if any, which gave rise to immediate	(di)	evere CC	is and me	unuu	carry ca	ncer		
9	1	couse (o), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUE	NCE OF	.0-			Your	1
l'à			(c)	_ Cigo	nelle sur	oains			/330	
1	z	PART 2 OTHER SIGNIFICAN	1	11 - 1		-		DITION GIVEN	IN PART 110	
1-	18	190 DATE OF OPERATION	eral vaic	ulaid	CHALL, DE	men	200 AUTOPSY?	Teat IP VEC 1	WERE EN ID DICE	
2 5	CERTIFICATION	THE DATE OF OPERATION	176 CONDITIO	N FOR WHICH C	DPERATION WAS PERFOR	(WED		IN CERTIFY II	VERE FINDINGS NG CAUSES OF	DEATH?
4+	- 1	210 ACCIDENT WAS UNDERLYING	216 TIME OF II	MILIPY	121. HOW IND	LIBY OCCUPA	YES NO	YES		10 🗌
TE B	1175 h	OR CONTRIBUTING CAUSE OF		WONTH DA	Y YEAR	UKT OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM TO PART	I OR PART 2)	
17	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19					
9 /	WED	21d INJURY OCCURRED	21e PLACE OF (AT HOME STREET,	INJURY FACTORY, OFFICE FA	RM, ETC.) 211 LOCATION	N	CITY OR TO	WN	COUNTY	STATE
T.		AT WORK AT WORK								
		220.1 certify that (I) (this ha				, 19	to	, 19		(It (we) fas
5 2		sow the deceosed alive above, (1) (we) (did) (did	not) view the body aft	er deoth.	, and that in (my) (our) opinion di	eoth occurred on the d	ote and hour a	nd from the caus	es stoted
100		22b. SIGNATURE	1) -/-		DEGREE	TENIDING A	MEDICAL STA		220 DATE SIGI	NED
55.4		100	Deulho	_	M. S. AT	HYSICIAN A	MEDICAL STA		7/1:	3/67
MPORTANT	1	226 PHYSICIAN'S NAME (14	PE OR PRINT)		The ADDRESS		111		Cear	7771
1 8 3		Robert	Denitz	10	Coul-	- Kent	Health &	PRUICE	5	1013
1 3	23o. E	BURIAL, CREMATION, REMOV	AL 236 DATE	23c N	AME OF CEMETERY OR CE	REMATORY	23d LOCATION	3130		1112
		BURIAL	7/14/8	37 ST	. DENNIS C	EM.	GALENA.	W. P. William III. Street, Square,	YINUO	STATE
		JNERAL DIRECTOR					REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
6 60M 7/84		ELTOWS F.H.	226 E. N	IAIN ST	. CECTL/PON	1 1 2 1			cordion Par	

Terms third water the court is for the court

physicion and campletely filled in by the funeral director, page 3 spoets. Pages 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR		DEPARIM		CATE OF DEATH	8 / REG. N	20	4 5	C		
	CEASED NAME FIRST	MIDE		LA		20 DATE OF DEATH		AY YEAR	26 HOUR		
	200	SELL	ROLAND		STREETT	July 9,		IF UNDER I YEAR	8:40a		
3. SE)		4 RACE		5. DATE OF	Dan Mian			ONTHS DAYS	HOURS M		
	WAIE	MhitE		Janua	my 20, 1907"	80	TKS				
Je. B1	RTHPLACE (STATE OF FOREIGN		MARRIED WHAT COUNTRY?								
	many land			WIDOWED							
	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	ACILITY, GIVE STREET A	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	erry Point, Md.		VA Medical Center HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				Plasterer Construction				
13a. S	STATE 136 CO	JNTY 13	CE RESIDENCE BEFORE C. CITY OR TOWN BEL ALC	ADMISSION)	134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE 7525 CONOWINGO ROAD			2101		
14 FA	ATHER'S NAME REST	ECHEM C	STREET		15 MOTHER'S MAIDEN NA	Priscilly		Bulling	51		
10		IVE WAR OR DATES	5 SOCIAL SECUI 212–16–2	2728	m. Roland R.	Street BE	1 Air, 1	MARY Aux	121014		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line	e for to), (b), and					BETWEEN	ONSET AND DE		
	PART I. DEATH WAS CAU	ATE CAUSE (a) C	ardiac p	oulmon	ary arrest			****			
	gove rise to immediate				cer involvin	g lungs, un	known	primar	y		
Z	gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR A	is a conseque	NCE OF							
IFICATION	couse (a), stating the underlying couse last.	DUE TO, OR A (c) T CONDITIONS CON	S A CONSEQUE	NCE OF		100 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	o NGS USED		
AL CERTIFICATION	Couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR A 1c) 1 CONDITIONS CON 19b CONDITIC 21b. TIME OF II HOUR A.M.	S A CONSEQUE TRIBUTING TO D ON FOR WHICH	OPERATION	NOT RELATED TO THE TERM	11NAL DISEASE OR CON 700 AUTOPSY? YES \(\text{VOSE} \)	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	ONGS USED		
MEDICAL CERTIFICATION	Couse (0), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED	DUE TO, OR A (c) T CONDITIONS CON 19b. CONDITIC 19b. TIME OF II HOUR A.M. P.M. 21e PLACE OF	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	11NAL DISEASE OR CON 700 AUTOPSY? YES NO F	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?		
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	Couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTION OF COUNTRIBUTION OF CAUSE OF CAUS	DUE TO, OR A IC) T CONDITIONS CON 19b CONDITIC 19b CON	TRIBUTING TO DO TRIBUTING TO DO TO FOR WHICH NURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJIT TO JULY	20b. IF YES IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES (COUNTY)	ONGS USED S OF DEATH? NO STAT		
	Couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTION OF COUNTRIBUTION OF CAUSE OF CAUS	DUE TO, OR A IC) T CONDITIONS CON 19b CONDITIC 19b CON	TRIBUTING TO DO TRIBUTING TO DO TO FOR WHICH NURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC) May 1 XXXX one	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET	TOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJIT CITY OR TO to July death occurred on the company of the co	20b. IF YES IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND IT ING CAUSES COUNTY COUNTY ON THE TOTAL THE T	ONGS USED S OF DEATH? NO STATE		
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR A IC) T CONDITIONS CON 19b CONDITIC 19b CON	TRIBUTING TO DO TRIBUTING TO DO TO FOR WHICH NURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC) May 1 XXXX one	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 9 19 87 d that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJIT TO JULY	20b. IF YES IN CERTIFY YES UNEVEN 11EM 18 PA	WERE FINDING CAUSES (COUNTY) OND from the 1226. DATE	NGS USED S OF DEATH? NO STATE		
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR A IC) T CONDITIONS CON 19b CONDITIC DEATH HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET spital) attended the decomposition of the body of the body of the condition of the condit	TRIBUTING TO DO TRIBUTING TO DO TO FOR WHICH NURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC) May 1 XXXX one	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 9 19 87 d that in (my) (our) apinion DEGREE ATTENDING	TOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJI CITY OR TO to JULy death accurred on the company of the com	20b. IF YES IN CERTIFY YES UNEVEN 11EM 18 PA	WERE FINDING CAUSES (COUNTY) OND from the 1226. DATE	ONGS USED SOF DEATH? NO STATE		
	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 22a.1 certify that X (this had	DUE TO, OR A IC) T CONDITIONS CON 19b CONDITION 21b. TIME OF II HOUR A.M. P.M. 21c PLACE OF (AT HOME. STREET pitol) ottended the d 22 X X X X X X X X X X X X X X X X X X	TRIBUTING TO DO TRIBUTING TO DO TO FOR WHICH NURY MONTH DA INJURY FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC) May 1 XXXX one	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 9 19 87 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	TOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJI CITY OR TO to JULy death accurred on the company of the com	20b. IF YES IN CERTIFY YES	WERE FINDING CAUSES COUNTY 19 87 ond from the	NGS USED S OF DEATH? NO STATI		
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DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the burial-transit permit. Then please mouth the State Dept. of Health and Mental Hygiene prior to burial, crem

(VRA 15, 4)

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STATE OF MARYLAND

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JOHNSON F.H., Loch Raven Blvd, Baltimore, MD,

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
CERTIFICATE OF DEATH	12

JUL 29	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 / REG. NO.							
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		y or town of dea	ATH				sing Home	Housewife"	ORKING LIFE) 126, KIND INDUSTR	OF BUSINESS OR
	VI d	LRESIDENCE (IF NUR! ATE	TO ECU		13 TETRE TON		13d INSIDE CITY LIMITS?	1328 PF HAD BRISH &	erry Roa	dElkton
18	Ch	arles T	. Mc	auley	LAST		15. MOTHER'S MAIDEN NAME Katers	WE		LAST Tong
110	o W	AS DECEASED EVER		MED FORCES? E WAR OR GATES)	222-24-	4175	Audrey Ewi	ng 716 Augu	ustine H	erman Hw
	FICATION	PART 2. OTHER SIG	NIFICANT				N WAS PERFORMED	11	Ob. IF YES, WERE FINI N CERTIFYING CAUS	DINGS USED SES OF DEATH?
	CERT	21g. ACCIDENT WAS UN	CAUSE OF DE	HOUR A	.M. MONTH DA		21c. HOW INJURY OCCUR	YES NO P	YES	NO []
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f Health		220.1 certify that (1) sow the decease abave, (1) (1)	this hosp		24 198	1-11	nd that in (my) (our) opinion	deoth accurred on the dote	ond hour and from t	that (I) e lost
		226 SIGNATURE	dia jala ile	A L	Slee	u ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		ATE SIGNED
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≥ 7	3a. Bl (5	PECIFY BUGA	REMOVAL	July			EAST METLO	23d. LOCATION CITYOR TOWN NOTTHEAST	mo cal	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
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Walter Burnette Lillie	1	DE 13b. COUR	VTY	13c. CITY OR TOWN	13d It	□ NO	X	RD #1 Box	/ ZIP CODE #385	98	9938
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18 CAUSE OF DEATH IETHER only one couse per line for (a), (b) and (c.)		160. WAS DECEASED EVER IN U.S. AR [YES NOOR UNKNOWN] (IF YES, GIV					t R.			ox #385 n, DE.	
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23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION New Castle NC Punity Burial 7/25/87 Gracelawn Mem Park New Castle NC Punity Storage Process Company Park New Castle NC Punity Species Process Company Park Punity Representation of Park Pu		W17	Som		mi	ATTE PHY	NDING A			22c. DATE S	22/87
24 FUNERAL DIRECTOR FLOWER C. Mayer May Agrees + 10 DE 256. DATE REC'D. BY REGISTRAR 256. REGIST	P	LINUTOS	SRIVES,			721	TRID	GE STAST,	ELKIS	am L	2/92/
24 FUNERAL DIRECTOR FLANK (. Mayer (h. Mayer's +10 DE 1111 O DE 11		236 BURIAL, CREMATION, REMOVAL							tle I	NC OUNTY	ĎĔ.
		24 FUNERAL DIRECTOR FRANK	C. Maye	New Castle	DE.		250. DATE	REC'D. BY REGISTRAL	25b. REGISTR	RAR'S SIGNATU	IRE

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		V. Salar		

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STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

REG. NO.	0	5-9	6	
REG. NO.				

- STATE REGISTRAR			DEFARIT		ICATE OF DEATH		3 /	REG. N		÷, 0	3
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		LHELM SR		20. DATE OF	DEATH	1987	DAY YEAR	12:50P
	CLYDE		V	WII	LUETA 2V						
3. SEX		4 RACE		S. DATE C		A.R	6 AGE (INY	EARS LAST BIR	THDAY)	MONTHS DAYS	R IF UNDER 24 HRS
MALE		WHIT	E	6	5 1	.3	74		YRS		
MARYLAN		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIES		9 BALTIMO		R COUNTY		
PERRY POIN	T MD	VA MED	HOSPITAL, NURSING FACILITY, GIVE STREET CENT	ER PE	OR OTHER INSTITUTION RRY POINT	N		FOR MOST C	ION DE WORKING LIE rator		OF BUSINESS O
130. STATE MARYLAN	13b COUN	OTHER INSTITUTION ITY [MORE]	GIVE RESIDENCE BEFORE	E ADMISSION) /N	136 INSIDE CITY LIM	x		ADDRESS Glen	zip code	Dr. 21	1234
FATHER'S NAME FIRST Geo!		MIDDLE	Wilhe	lm	15. MOTHER'S MAID!		ΜĒ	WIDDLE		Jone	AST 28
160 WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT			ADDR	ESS	2	21234
Yes	WW .	11	219 03 7	795	Clyde V.	Wil	lhelm,	Jr.	3302 (Glensid	de Dr.
	immediate tating the ouse lost. SIGNIFICANT C MYOCAR	DIAL IN	R AS A CONSEQUITABETIC NONTRIBUTING TO FARCTION,	ENCE OF NEPHRO	PATHY 7 NOT RELATED TO THE COTED DECUB IN WAS PERFORMED	E TERM	INAL DISEAS	E OR CON	DITION GIV	VEN IN PART 1	INGS USED
TIFIC							YES 🗀	NO		YING CAUSE	S OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC	CAUSE OF DEA	HOUR A	OF INJURY M. MONTH D. M. OF INJURY REET FACTORY, OFFICE, I	19	216 HOW INJURY C	OCCUR		CITY OR TO		PART I OR PART 2)	STATE
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22b. SIGNATURE	Ha	~	oner deam.		DEGREE ATTEND PHYSIC		MEDICAL DIRECTOR	STA		220 DAT	E SIGNED
JOHN		R PRION			VA MEDICA	AL C	ENTER	PERI	RY POI	NT MD	
23a BURIAL, CREMATI	ON, REMOVAL	23b. DATE			EMETERY OR CREMA		23d LOCA			COUNTY	SLATE
BURIA	L	7-8-	87 G	arden	s of Faith			Ва			ryland
24 FUNERAL DIRECTO	R				2	Sa. DAT	E BEC.D BAR	EGISTRAF	25b. BECUS	TRAP'S SIGNA	ATURE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, c

should be detached for with the State Dept of P

affending physician.

retained by the haspital or

BP.

IMPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

LASSAHN FUNERAL HOME BALTIMORE MD JUL 08 1987 June Davidson-Randon

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28 BEGISTRAR

L DECEASED NAME (TYPE OR PRINT)

060826 JUL

STATE OF N

DEPARTMENT OF HEALTH CERTIFICAT

AARYLAND I AND MENTAL HYG E OF DEATH	1 REG. 20		6	1
Hing	July 21	, 1987		26 HOUR P.M
, pay 190°T	6 AGE (IN YEARS LAST BIRTH	YRS	HS DATS	IF UNDER 24 HRS HOURS MIN.
NEVER MARRIED	9 BALTIMORE CITY OF	Cecil		MD.
ER INSTITUTION	TYPE RYELT TE	MOURING PURP A	26. KIND O	F BUSINESS OR
NSIDE CITY LIMITES	13eSTREET ADDRESS / 5781 Tele	zır code egraph	Road Road	1921 1
OTHER'S MAIDEN NA/	info MIDDLE	1	ŁAS	ī
eorge H.	Witting 5	S Elkto 781 Te		
ardie v event	an discuse		APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
ELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN I	N PART 110	
PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
TOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	ORPART 2)	

3. SEX ARACE 5. DATE OF BIRT White FENH. Male 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED [Germany U.S.A. WIDOWEDEN 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTH 578 " SUCTET E TETE THE TROAD Elkton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136. STATE Md. 136 COUNTY 136. CITEDIRUM 13d. IN YES 14. FATHER'S NAME 15. M FIRSho info LAST In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 144-07-565 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: Atherescherotic IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I Carchina of Metastatic 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WA 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. 1 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alve an and that in (my) (aur) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did (did nat) yew the body after death. DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MO 22e ADDRESS EWIS ST. HAVRE DE GRACE MD PAUL FRIDZERG 23a BURIAL, CREMATION, REMOVAL 236. DATE 73¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

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"Cremation 7-22-87 Ferris Crem

West Chester Chester Pa.

24 FUNERAL DIRECTOR

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